

HOUSE OF ASSEMBLY**Friday, 30 July 2021****ESTIMATES COMMITTEE B****Chair:**

Mr M.J. Cowdrey

Members:

Mr M.E. Brown

Ms N.F. Cook

Dr R.M. Harvey

Ms K. Hildyard

Mr S.K. Knoll

Mr T.J. Whetstone

*The committee met at 09:15**Estimates Vote***DEPARTMENT OF HUMAN SERVICES, \$940,430,000****ADMINISTERED ITEMS FOR THE DEPARTMENT OF HUMAN SERVICES, \$189,301,000****Minister:**

Hon. J.M.A. Lensink, Minister for Human Services.

Departmental Advisers:

Ms L. Boswell, Chief Executive, Department of Human Services.

Mr N. Ashley, Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms K. Hawkins, Executive Director, Strategic Policy and Reform, Department of Human Services.

Ms K. Biggins, Acting Executive Director, Community Investment and Support, Department of Human Services.

Ms F. Curnow, Acting Executive Director, Community and Family Services, Department of Human Services.

The CHAIR: Good morning everybody and welcome back to Estimates Committee B. I will just read some opening remarks as we start and get underway today for the benefit of those joining us. The estimates committees are a relatively informal procedure and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed on an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead speaker for the opposition please confirm that the timetable for today's proceedings, previously distributed, remains accurate?

The Hon. J.M.A. LENSINK: Yes.**Ms COOK:** Yes.

The CHAIR: Very good. Changes to committee membership will be notified as they occur. Members should ensure that the Chair is provided with a completed request to be discharged form, and we have a few of those to attend to in a second. If the minister undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the answers to questions mailbox no later than Friday 24 September 2021.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of around 10 minutes each, should they wish. There will be a flexible approach to giving the call for asking questions. A member who is not a member of the committee may ask a question at the discretion of the Chair. All questions are to be directed to the minister, not to the minister's advisers. The minister may refer questions to an adviser for a response, should they wish.

Questions must be based on lines of expenditure in the budget papers and must be identifiable and/or referenced. Members unable to complete their questions during the proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*. I remind members that the rules of debate in the house apply in committee. Consistent with the rules of the house, photography by members from the chamber floor is not permitted while the committee is sitting.

Ministers and members may not table documents before the committee. However, documents can be supplied to the Chair for distribution. The incorporation of material in *Hansard* is permitted on the same basis as applies in the house, that is, that it is purely statistical and limited to one page in length. The committee's examination will be broadcast in the same manner as sittings of the house are broadcast, through the IPTV system within Parliament House via the webstream link to the internet and the Parliament of South Australia video-on-demand broadcast system.

We have had advice from the Deputy Clerk around the wearing of masks in the proceedings today, so I will quickly outline that. Masks should be worn by all persons who are able to do so when in Parliament House. This includes during estimate committees, with the exception of a range of reasons, including eating, drinking, etc., one of those being the visibility of your mouth and where clear enunciation is important. For example, members and ministers who are participating in committees need to have clear enunciation for *Hansard* and broadcast purposes. I leave it up to members to interpret that as they wish during the proceedings today, and also recognise that a number of members have pre-existing health conditions that may change their ability to wear a mask.

In the first session today we are dealing with proposed payments in regard to the portfolio of the Department of Human Services. The minister appearing today is the Minister for Human Services. I declare the proposed payments open for examination and call on the minister to make an opening statement, if she wishes.

The Hon. J.M.A. LENSINK: I will start by introducing the departmental people we have with us today: Ms Lois Boswell, Chief Executive, Department of Human Services; Mr Nick Ashley, chief financial officer, finance and business services; Fiona Curnow, acting executive director, community and family services; Katherine Hawkins, executive director, strategic policy and reform; Trevor Lovegrove, director, screening unit, community investment and support; and Kelly Biggins, acting executive director, community investment and support.

I do have an opening statement, Mr Chairman. This year has been one of significant change and reform, with planning and implementation continuing within the context of the pandemic and its impact on vulnerable members of our families and communities. In the child and family space, the reform of the child and family support system is building a connected system of evidence-based support services for earlier intervention with families who have multiple complex needs.

In March 2021, the recommissioning of evidence-informed intensive family support services was completed, including 30 per cent of the funding being directly provided to Aboriginal community controlled organisations (ACCOs). The new intensive family services programs, funded at \$52 million over four years, replaced the targeted intervention service and family preservation service with an additional \$1 million per annum to support an increased service response in country regions. The new services will work to tangible outcomes, including increasing family functioning and the safety of children.

On 31 May 2021, the government launched the Adults Supporting Kids (ASK) website. The department has also commissioned a range of other early intervention and prevention programs and services, including, for example, two intensive support pilots for families at imminent risk of child removal. Safe Kids, Families Together, which is a three-year pilot in the northern suburbs delivered by Anglicare, has now been extended for an additional year to June 2022 to allow for further evaluation to occur.

There is a two-year pilot in the western suburbs for Aboriginal families. This program is delivered by Kornar Winmil Yunti, an ACCO. The Tiraapendi Wodli Port Adelaide justice reinvestment project aims to improve safety and wellbeing for Aboriginal families in the Port Adelaide and western area. Breathing Space is a service targeting young women whose children have been removed and placed in the child protection system and are at risk of repeat removals for future children.

In addition, the Department of Human Services has commenced a new pathway service as a central pathway for child protection, education, and a multiagency protection service in health to seek intensive family services for children experiencing child protection concerns. It provided \$700,000 in funding to support ACCOs to build workforce capacity, clinical governance and service delivery, developed a trauma responsive framework for organisational capacity building for trauma response practice, which is due for release in August this year, and commenced a trial to establish a common assessment of outcomes, including measuring family function and child safety across all child and family safety services. These reform activities will ensure better practice across the system as a whole and align with the state government's 'Safe and well: supporting families, protecting children' strategy.

I would also like to reflect on our work on the APY lands. When the NDIS was first introduced there was a limited choice of disability service providers on the APY lands and DHS agreed to continue to provide disability services until 30 June 2021. The APY team has been working with the National Disability Insurance Agency to support the development of new disability services on the lands and is assisting APY clients to transition from DHS to NDIS services. There are now more than 140 APY residents with NDIS plans.

DHS will continue to have a presence on the lands through various funded programs, including Youth Sheds, the Mimili Family Wellbeing Centre and the Community Connections Program, and working with continuity of care, that is, aged clients and vulnerable adults identified through the APY complex needs project.

In terms of screening, the NDIS worker screening, now known as the NDIS worker check in South Australia, commenced nationally on 1 February 2021, except for in the Northern Territory. The outcome of all NDIS worker screenings is recorded on the National Worker Screening Database hosted by the NDIS commission. On 17 March 2021, the screening unit connected to the working with children check national referencing system, which will enable the exchange of information between screening units about negative working with children check decisions across Australia.

The Department of Human Services also administers concessions, and in 2021 an estimated 210,000 eligible South Australians received household concessions, including water, sewerage and energy concessions and the Cost of Living Concession. In May 2021, the Switch for Solar trial was launched in partnership with the Department for Energy and Mining. The trial provides the opportunity for eligible concession home owners to switch their energy concession and Cost of Living Concession for a period of 10 years in exchange for the supply and installation of a free or low-cost solar photovoltaic system.

A technology review of the Personal Alert Systems Rebate Scheme, now Personal AlertSA, was completed, including a competitive tender process, which expanded the range of devices available to now include falls detection and GPS.

The new Aboriginal languages interpreting service will begin a phased rollout in late 2021. The service will play a critical role in supporting Aboriginal communities to achieve equitable access to government health and justice services in South Australia. National reforms, such as the NDIS My Aged Care and Carer Gateway, necessitated a review of the 30-year legacy Home and Community Care (HACC) program administered by DHS to develop a more contemporary program that better reflects the current environment and community needs in South Australia.

Following extensive consultation with HACC providers, clients and peak bodies, the Community Connections Program was developed. The program is designed to enhance people's independence and reduce social isolation by strengthening people's connections with communities, social networks and services. Key components of the Community Connections Program commenced on 3 May, with the formal commencement beginning on 1 July 2021.

For the past six months, DHS has been working intensely with HACC service providers to support the transition of their clients to suitable alternative services, including the new Community Connections Program, and will continue to do so to ensure South Australians receive the most appropriate support to meet their needs.

As members would be aware, recent legislative changes within the gambling portfolio have expanded the scope of the Gamblers Rehabilitation Fund to provide for prevention, public education, treatment, information and advice, and gambling research. The Office for Problem Gambling has undertaken a significant consultation and co-design process with key stakeholders in the South Australian gambling landscape, including those with lived experience of gambling harm. I expect to be able to make further announcements about this exciting new initiative to address gambling harm in South Australia later in the year.

I turn to the support for the community during COVID-19. Throughout the COVID-19 pandemic, DHS has worked closely with community and service providers to ensure the continuation of high-quality services. In addition, the Marshall Liberal government introduced a range of measures to support people whose income and employment prospects were significantly affected by COVID-19, including a one-off boost of \$500 and bringing forward the 2020-21 COLC payments to international students to support those who had lost income during the pandemic, a residential rental grant scheme and paid pandemic leave.

The DHS Interpreting and Translating Centre supported the South Australian government departments to communicate with and deliver vital COVID-19 services to non-English-speaking people and their families, including providing telephone interpreting services to the COVID-19 helpline, the medi-hotel teams and the mental health sector, especially for those in quarantine; engaging highly skilled and experienced translators to translate critical public health information on COVID-19 symptoms, risk factors, testing and treatment; providing support to SA Health clinicians and hospital staff to communicate with non-English-speaking patients with COVID-19 and their families; supporting SA Health to conduct contact tracing phone interviews with people testing positive to COVID-19 and their close contacts; and supporting interstate contact tracing teams, including some in Melbourne.

My department supported the community through the impacts of COVID-19 by administering the \$4.1 million Vulnerable South Australians Support Package, which provided financial resilience and emergency relief programs for South Australians who were newly vulnerable during the COVID-19 pandemic, including:

- \$1.75m to existing financial resilience and wellbeing services;
- a doubling of the Emergency Financial Assistance Program;
- continued support for food relief agencies such as Foodbank, OzHarvest and Secondbite;
- further support for the not-for-profit microfinance provider Good Shepherd to improve access to no or low interest microfinance loan products, targeting sole traders and small business owners impacted by COVID-19 as well as small cash loans to consumers.

Grants SA continued with the COVID-19 support grants providing further support to community organisations to adapt their services in response to COVID-19, providing just under \$1.8 million in funding to a range of South Australian community organisations.

The Reconnect Grant 2020-21 opened in March 2021 and focused on funding projects that supported community enhancement and reconnection activities in recognition of recovery needs within the community—

Ms COOK: Point of order.

The Hon. J.M.A. LENSINK: I am nearly finished.

Ms COOK: You took up more than 10 minutes.

The Hon. J.M.A. LENSINK: Did I?

Ms COOK: Yes, you did.

The Hon. J.M.A. LENSINK: Well, I got lost in the detail, but I am nearly finished, Mr Chairman.

The CHAIR: Member for Hurtle Vale, the minister has 10 minutes. I concluded my opening remarks at 9.05. That is consistent with what I have done every morning of the estimates so far. I should add the minister is entitled to 10 minutes. She has indicated she is not far away. I will give her the benefit of the doubt in that regard.

The Hon. J.M.A. LENSINK: I will just start that sentence again. The Reconnect Grant 2020-21 opened in March 2021 and focused on funding projects that supported community enhancement and reconnection activities in recognition of recovery needs within the community following the impact of the COVID-19 pandemic.

I expect to be making an announcement about the successful applicants soon. As honourable members would appreciate, during the past year my department has been actively getting on with business as usual, in addition to progressing some very significant reforms and providing critical supports and assistance to South Australians, particularly those impacted by COVID-19.

The CHAIR: Lead speaker for the opposition, did you wish to make an opening statement?

Ms COOK: Thank you to all the department people for attending. Budget Paper 5, page 53—

The CHAIR: Member for Hurtle Vale, just to be clear, the same as I have had in this chamber this week, if you could please wait for the call for questions, that would be much appreciated. Member for Hurtle Vale.

Ms COOK: Budget Paper 5, page 53. I refer to the commitment of funding for a safeguarding smartphone app. Can the minister advise who was consulted with in regard to the proposed development of the new safeguarding app and who exactly in the disabled community is the app designed for?

The Hon. J.M.A. LENSINK: I think in relation to the honourable member's question, she might be getting the cart before the horse somewhat in that we have not actually developed it yet.

Ms COOK: I said proposed development, to clarify.

The Hon. J.M.A. LENSINK: Yes, the honourable member has correctly identified that government has committed \$500,000 in funding through the 2021-22 state budget for a safeguarding smartphone app to be developed with further conditional funding of up to \$250,000 from the NDIS Quality and Safeguards Commission. The initiative will aim to improve the accessibility for people with disability to connect with existing safeguarding bodies, including the NDIS Quality and Safeguards Commission, the Health and Community Services Complaints Commission, the Adult Safeguarding Unit, disability advocacy services and emergency services.

The safeguarding smartphone app will also aim to offer virtual visits that will complement and enhance the existing Community Visitor Scheme. This function will allow users to request and potentially book in real time a visit with available volunteers and enable a virtual telediscussion with the user. The function will need to expand its availability to all users—that is, all people with disability—in line with the capacity of the volunteers within the CVS. As the virtual visits will not be done under existing CVS legislation, the appointment and training of volunteers can be streamlined.

It is intended that this service will be a wellbeing check that will help users navigate and link with the right quality and safeguarding area rather than replace the existing CVS. The app will not be designed in a way that reduces the capacity for mainstream services to accept referrals directly, rather it will act as an additional support feature and will require significant consultation and testing

prior to it being officially launched. I am not sure if I have answered the honourable member's question.

Ms COOK: To be specific, because you have not answered the part about who it is really designed for, how would a proposed app such as this assist someone, for example, like Annie Smith? With an app like this you would assume someone can firstly download then navigate the app, then if the app connects to a community volunteer, if requested, you would assume that the person seeking help is able to get their phone and seek this assistance. So how would it help somebody who is being wilfully restrained or precluded from using a device?

The Hon. J.M.A. LENSINK: I think the honourable member needs to be careful in the manner in which she is asking this question.

Ms COOK: I do not need to be schooled on this, thank you.

The CHAIR: Member for Hurtle Vale, you supplied commentary within your question. The minister is perfectly entitled to answer as she wishes.

Ms COOK: Yes.

The Hon. J.M.A. LENSINK: Given that this case is one which still has a number of investigations going forward—

Ms COOK: No, that is only an example, minister. Anyone who—

The CHAIR: Member for Hurtle Vale!

Ms COOK: Can I withdraw the words 'Annie Smith'?

The CHAIR: Member for Hurtle Vale, your question was given in silence from the minister. The answer will be provided in silence from the member.

Mr WHETSTONE: Yes, bad example.

Ms COOK: You are a fine example, Mr Whetstone.

The CHAIR: Please!

Ms COOK: You are a fine example.

The CHAIR: Members, I remind you that this process is for the benefit of the people of South Australia. Let's continue to have a cordial discussion today in the chamber.

The Hon. J.M.A. LENSINK: Indeed, if we do refer to the horrible and tragic case of Ann Marie Smith's death last year, as the honourable member would be aware, we had a Safeguarding Taskforce, which she wilfully undermined, which came up with a range of recommendations that were directed to the specifics of that particular case. I have said publicly many times that probably the biggest failing in that entire system was that there was a single carer operating—

Ms COOK: Support worker.

The Hon. J.M.A. LENSINK: —to provide support services. The honourable member I am sure would not be trying to be ablest in any way or patronising to people with disability.

Ms COOK: No, they gave me these questions actually.

The CHAIR: Member for Hurtle Vale, I do not want to have to remind you again. The minister is entitled to be heard in silence.

Ms COOK: Patronising.

The Hon. J.M.A. LENSINK: They are a very diverse group of people, as she would probably appreciate, and they have a range of capacities. This government is very focused on inclusion. We are very focused on providing a range of support services. Apart from some members of the Labor Party I have not heard anyone say that this is a bad idea and is not going to actually assist people, so I think it will be very useful.

I have also spoken to the federal minister in relation to whether it could potentially assist in someone complaining about their provider, because we do hear often from people with disability that there is quite a confusing array of places that they may need to go to make a complaint about a particular matter. So we are very pleased that the federal government is supportive of this. We can provide a suite of options on an app that people can get to very easily. For what it is worth, the people I know who have disability do use technology. I think technology is going to open up a lot of opportunities for people with disability to live independent lives, which I would hope all members are supportive of into the future.

Ms COOK: So how exactly would this help somebody who cannot access their technological device to seek assistance?

The Hon. J.M.A. LENSINK: I think I have already answered that question.

Ms COOK: Given that this refers to a community volunteer, an introduction of a community visitor scheme of sorts, what are the requisite skills that the volunteer would have and how would the volunteers be recruited, screened and supported? How would they then assist?

The Hon. J.M.A. LENSINK: I imagine that they would be very much similar to the current community visitors. There is an induction scheme. I understand that the training is quite intensive. Of course we would screen them. One of the things that we particularly know through COVID is that some of our older volunteers decided to cease working as volunteers, so I would be quite hopeful that we could recruit from some of those older groups. They also have peer support. Given that it is a virtual visit, there is a whole range of opportunities for people to be able to be involved in this.

Ms COOK: How would an air of neglect be detected with an app?

The Hon. J.M.A. LENSINK: I am not sure I understand what the member is getting at, Mr Chairman.

Ms COOK: Minister, how would a person experiencing significant paranoia, who believes their phone is actually talking to them, access your phone operated digital virtual community visitor app?

The Hon. J.M.A. LENSINK: People who have mental health difficulties can access an app, I would have thought. Perhaps the honourable member could drop her ableism for a minute and actually talk to some people with disability—

Ms COOK: Mr Chair, I resent that, actually. I do take offence to that remark and I ask that the minister withdraws it. I am giving questions that have been provided to me by consumers.

The CHAIR: The member for Hurtle Vale has taken offence to a comment made by the minister. Is the minister happy to withdraw?

The Hon. J.M.A. LENSINK: I am happy to drop it, but I do note that I—

Ms COOK: Drop it or withdraw it?

The Hon. J.M.A. LENSINK: I will withdraw it, whatever the terminology is, but I do note that—

The CHAIR: Let's—

The Hon. J.M.A. LENSINK: I have not finished my response yet—but I do note that there are references to ableism in this chamber on a regular basis from members who sit in her seat.

The CHAIR: Minister, there has not been a question asked; therefore, there is not an answer to be given.

Ms COOK: I refer to Budget Paper 4, Volume 3, page 94. I refer to the 2020-21 estimated total expenses figure for the disability program, specifically the government's financial commitment to the Quentin Kenihan Inclusive Playspace. Minister, you cut the ribbon on the Quentin Kenihan Inclusive Playspace on 17 December, put out a media release on 18 December and spoke on radio about the playground as well. What input did you have into the design of the playground? You and your department, just to clarify.

The Hon. J.M.A. LENSINK: We were expecting these in the disability section.

Ms COOK: They are under inclusion, I think, sorry.

The Hon. J.M.A. LENSINK: As the honourable member noted, in December 2020 the state government did contribute \$1 million to build an inclusive play space in the Adelaide CBD in honour of Mr Quentin Kenihan. Although the build was completed after the inclusive play guidelines had been released in December 2019, it is understood that the Touched by Olivia Foundation guidelines were referred to during the planning stage. In April 2021, an article was published in *The Advertiser* stating the Adelaide City Council needed to spend \$200,000 to fix potential hazards for children in wheelchairs and the blind community. The Adelaide City Council has responded to the concerns raised and is working closely with a project advisory group, including representatives of Mr Kenihan's family and friends to address the necessary changes.

Ms COOK: Minister, were you aware that the playground was not fit for purpose or meeting the guidelines of the Inclusive SA guiding principles or compliant with the Disability Discrimination Act when you announced the play space was on time and on budget?

The Hon. J.M.A. LENSINK: No, I was not aware that there were any issues with the playground. I am not an expert in inclusive play. However, having been made aware of the Hendry Street Reserve Inclusive Playground, we were keen to make sure that local government particularly had a toolkit that they were able to refer to so that they could improve these designs. As I referred to previously, the Touched by Olivia Foundation was involved not just with the Hendry Street one but with the Adelaide City Council one.

When I went to the opening with Lord Mayor Sandy Verschoor, the project officer from the council was there, as were a number of members of the public and some of Quentin's friends and family, who are often referred to as 'Team Q'. A couple of those people raised with me specific concerns that they had, after which I introduced them to the project manager to say, 'These issues have been identified. Can you address them?' I think that the council had been continuing to go through that process to ensure they were addressing any concerns that people had.

Ms COOK: Given that a further \$500,000 has needed to be spent to bring the playground up to standard, was this on budget and did you push for the opening or did anybody in your department push for the opening so that you could have the on-time announcement and photo op?

The Hon. J.M.A. LENSINK: That is just a ridiculous suggestion. We are not pushy people in DHS—we are very kind.

Ms COOK: Thank you. I will move on to Budget Paper 4, Volume 3, page 88. I refer to the third activity indicator about rebates for systems provided through PASA. When you informed the public that a rigorous procurement process to test the devices had been undertaken, what was your understanding of the process? Was it that the devices were tested themselves, or is it that a rigorous procurement process is a desktop audit on specifications?

The Hon. J.M.A. LENSINK: I think there are a few issues to unpack there. The honourable member being a person in the health sphere would be aware that the medical device market has come a very long way. It has been around for quite some time, but there is a lot of competition in that space and we were keen to make sure that we had the best available devices for people, particularly given that this scheme has been operating since, I think, 2012 (someone will correct me if that is not correct). Things have moved a long way. We were keen to make sure we were getting the best devices available in the market, and that is what we believe we have done.

I think it is worth pointing out that falls technology and GPS functionality are very useful things. People who might not be steady on their feet probably are older than they were in the past, as we are all living longer lives, and it gives them peace of mind that, if they are going for a walk in the park and they have a fall, they can use their device.

In terms of testing for the particular device, my understanding is that all of the tender submitters, if that is the right terminology, were required to provide the technological specifications with their submission. This was then evaluated by Flinders University in a desktop study, and a range of functionality tests, as well as price and all those sorts of things, were part of the consideration, along with the standard 15 per cent loading that is applied to local providers.

Ms COOK: I understand through FOI that an email where Flinders University was unwilling to endorse the outcome of their audit and referred to unheeded concerns as part of their scope assessment of devices was sent. Can the minister advise what Flinders University was referring to when they talked about unheeded concerns?

The Hon. J.M.A. LENSINK: The advice I have received is that Flinders University was satisfied at the end of the process. I will get some more detail for the honourable member in relation to that particular quote. No doubt, as is often the case, particularly in this chamber, things have been quoted out of context.

Ms COOK: I will happily provide it. In changing from PARS to PASA, apart from the fact that clearly this outsourcing to interstate providers has removed business from six local providers, has the change in delivery actually created a greater uptake of the scheme or any meaningful outcome improvement, or is it really now just supporting interstate providers where we could have had local and regional jobs?

The Hon. J.M.A. LENSINK: The honourable member has tried to prosecute this case on radio many times and I will give her the same response: we unashamedly went for the best devices. These now have falls technology and GPS functionality, and people have more choice than having a pendant that hangs around their neck. Having interstate providers is nothing unusual in the market at all, and the standard procurement of 15 per cent was applied to the local providers, as it always is.

Ms COOK: Is the minister aware that the devices chosen under the new scheme will not afford protection should the mobile network they operate on fail? How does this meet the statement about being the most reliable?

The Hon. J.M.A. LENSINK: The advice I have received is that every mobile network would have to fail for these devices to fail, and that is no different from the old devices.

Ms COOK: I understand that, during the last few weeks of January this year, there was a much higher than usual amount of applications received by PARS from elderly customers who wanted a choice of supplier that was at that point on the PARS supplier list on the DHS website—it was 167 applications. How many of those people who applied in January were given their choice of original provider?

The Hon. J.M.A. LENSINK: My advice is that there was a changeover date of 31 January. Any of the applications that were submitted and received prior to that date could choose the old devices, if that is what they wanted. I am advised that some people chose not to go with their existing providers and went with newer devices.

Ms COOK: So you do not have a number, out of the 167 that were applied for and provided prior to 31 January, of how many were actually given the choice of provider they had put on their form at that time.

The Hon. J.M.A. LENSINK: If they submitted their form prior to 31 January and requested one of the existing devices under the old scheme then that is what they would have been provided with.

Ms COOK: I would now like to talk to Budget Paper 4, Volume 3, page 88. I refer to the activity indicators, specifically 'No. of Cost of Living Concessions provided', which shows that 201,000 concessions were provided to South Australians. The COVID boost payment I would presume is within that number, but I would be happy if that is clarified within the reply.

Can the minister advise how many South Australians received the COVID boost payment, and how many people in South Australia were eligible to receive it? I am happy to be given a point of time because it was across a year, so it is a bit rubbery. Perhaps if you want to pick June 2020 as a figure, that would work. This is from an eligibility point of view, because I know there is a total at the end—about 26, I think.

The Hon. J.M.A. LENSINK: I thank the honourable member for her question. It is a little bit hard for us to know how many people are eligible because we do not keep that data. It would be dependent on their Centrelink eligibility and the like.

Ms COOK: I can advise, if you wish.

The Hon. J.M.A. LENSINK: We do keep advertising these things. You have probably seen some of our press releases when we keep letting people know that they are probably eligible to take up the energy offers and those sorts of things, because we know that some people do not. Bear in mind, too, that because it is based on JobSeeker—what was Newstart—people's eligibility does change over time, whereas for those people who are aged pensioners or disability pensioners they tend to not move in and out of that system. In terms of the boost, we are just trying to see if we can find the—

Ms COOK: Do you want some help with the DSS stats? They are published quarterly.

The Hon. J.M.A. LENSINK: No, not really. I have answered that part of it. We are just trying to see if we have a figure of how many people. We do have the boost payment only—not the number of people, but we can figure it out. The actual amount was \$9,588,000 for 2019-20 and for 2020-21 the actual expenditure was \$3,713. For COLC and JobSeeker boost, the total is 13,217. That 13,217 figure I gave you is existing customers; new was 13,384.

Ms COOK: So about 26.

The Hon. J.M.A. LENSINK: Yes, a total of 26,601.

Ms COOK: The DSS does publish quarterly data, and I did pick June 2020 last year, as that was the peak of COVID. South Australia had 112,023 people on JobSeeker. Given we had more than 112,000 South Australians on the JobSeeker payment last June, less than a quarter of them have received the COVID boost payment. Minister, if you are taking any kind of test and you score 25 per cent, is that not a shocking fail?

The Hon. J.M.A. LENSINK: I will just ask Nick Ashley if he can respond.

Mr ASHLEY: The COLC boost was paid per household, so you might have had multiple people in a house who are eligible for JobSeeker, but the house would only receive one payment. So that is why you cannot relate directly the two numbers.

Ms COOK: So at best what would you think that would be then? If you are having multiple people in a household on JobSeeker, at best what percentage is that? If you have people on JobSeeker sharing homes who are individuals with their own budgets who are doing this simply to get along, a paltry 500 bucks is not going to change their world. Were we that bloody-minded that we did not allow individual people who are not even in the same family who are sharing a home or a caravan in order to survive and not sleep in the Parklands—were we preventing them from getting payments?

The Hon. J.M.A. LENSINK: Mr Chair, I think it is a bit unfair for the member to direct that particular question to a public servant.

Ms COOK: I am sorry. That is to the minister.

The Hon. J.M.A. LENSINK: We will deal with the eligibility issues and how we went about it.

Mr ASHLEY: I would also just add that, yes, in relation to the difference, to be eligible for the COLC boost you had to live in a house where you were also eligible for COLC, so if you were living with rich parents, etc.—for example, younger people—they would not have got it because their household was not eligible.

The CHAIR: Minister, did you want to respond to the other—

The Hon. J.M.A. LENSINK: Sorry. Yes, it is also worth adding that the state government is not the primary government responsible for income support. That is the federal government, quite clearly, and a lot of people who were unemployed last year were very well supported through JobSeeker.

Ms COOK: Going in that direction then, given that the Treasurer recently arranged with the commonwealth to have one application to Centrelink for COVID-19 relief payments, even if the state government was paying the bill in certain regional areas, why did you not ensure that all JobSeeker

recipients, even given that they may have been sharing homes—because they are some of the most financially disadvantaged people in our community—were not automatically in receipt of this payment?

The Hon. J.M.A. LENSINK: That is a question you would need to put to the Treasurer because we just administer the payment, we do not determine the policy and how it is constructed.

Ms COOK: So, minister, you are telling me you have no responsibility for who receives this particular payment, but you have responsibility for who receives other concession payments?

The Hon. J.M.A. LENSINK: We administer the payment based on Treasury's advice.

Ms COOK: Did the Department of Human Services know how many South Australians were eligible to receive the COVID-19 boost payment?

The Hon. J.M.A. LENSINK: We can read the statistics in the ABS, like anybody else, but we do not have access to Centrelink private information. In the first instance, we contact those people who were already in our concession system and I assume that we would have contacted them to say there is a payment available, and certainly we advertised. So we do make contact with people we have access to through our own system, but the commonwealth is very tight with its privacy data. To make any suggestion that they would in any wholesale way provide us with a database that we could then try to contact people with is just not realistic.

Ms COOK: Minister, was there any promotion at all of the extra concession payment availability in Centrelink offices? Did you speak to your federal counterparts to see if they would put that information up where people would be seeking further support via Centrelink?

The Hon. J.M.A. LENSINK: I am not aware whether they did or did not. We certainly used our own channels to communicate with people as much as we could and people usually do find out about these things and figure them out. There is also social media, which is another way that people use to find out matters of this nature.

Ms COOK: Minister, you say that there was advertising in regard to this payment. Do you know exactly how much was spent, on what platforms, how much advertising time and what modelling was done to make sure that you hit the right targets with this advertising campaign? Can you compare that in any way to the current advertising campaign about Building What Matters?

The Hon. J.M.A. LENSINK: Again, I think it is GCAC—there might have been an internal DHS budget for promoting things. If the honourable member wants to ask any questions about GCAC—I cannot remember what it stands for, but it is the government—again, that would be a question for the Treasurer.

Ms COOK: Minister, have you actually made inquiry at all with your department regarding this level of payment and how few people have got it, or will you commit to investigating why such a small percentage of eligible people did receive this payment, coupled with the fact that there was a \$2.7 million underspend as well in the residential rent relief grant scheme, in Budget Paper 3, page 6? Minister, do you consider that your government has failed to adequately support this cohort of vulnerable people throughout the economic challenges of COVID?

The Hon. J.M.A. LENSINK: Absolutely not. We have done a great deal and I think we have actually had a lot of positive commentary from people about how much we have done, not just through direct payments, which was in addition to the concession payments that were already on offer to this group of people. In addition we provided additional support to services such as FoodBank and the food relief agencies, as well as financial counselling. I think this government has done a tremendous amount of work to assist people who are vulnerable, including those who would not normally have been considered vulnerable, people who are not connected to services who might have been isolating for whatever reason. I think we have done an exceptional job throughout the pandemic.

Ms COOK: How many people on JobSeeker have told your department that you have done a great job?

The Hon. J.M.A. LENSINK: Mr Chairman, I think that is a rather rhetorical question. It is not like I have sought to—

Ms COOK: But she just said that she has heard from people like this.

Members interjecting:

The CHAIR: Members on both sides, the minister is entitled to be heard in silence in providing her answer.

The Hon. J.M.A. LENSINK: How many staff—

Ms COOK: I do not think you need to laugh.

The Hon. J.M.A. LENSINK: —are there in Human Services? There are 3,000 people employed by the Department of Human Services. Is the honourable member seriously suggesting that I go and interview each one of them and ask them that question?

Ms COOK: No, but you just claimed that you got feedback.

The CHAIR: Member for Hurtle Vale!

The Hon. J.M.A. LENSINK: From the community.

Ms COOK: That is no problem.

The Hon. J.M.A. LENSINK: From the community.

Ms COOK: Sorry, I was being specific, Chair.

The CHAIR: Member for Hurtle Vale, the minister is providing an answer.

Ms COOK: Thank you, Chair. I was being specific at that point. I am happy to move on.

The Hon. J.M.A. LENSINK: Member, the minister is still providing her answer.

Ms COOK: I am happy to move on.

The Hon. J.M.A. LENSINK: That would be great.

Ms COOK: Budget Paper 4, Volume 3, and I refer to the fifth activity indicating the number of screening applications received. Budget Paper 4, page 88, in relation to these applications, the projected figure for 2020-21 and moving forward, what modelling has led to the figure for this next financial year? Plus, given that for the previous financial year's cohort screening clearances will now last five years, do you consider that 240,000, as a projected figure across this year, may be an overestimation and the government might be overbudgeting in this area?

Mr Whetstone interjecting:

Ms COOK: You hate it, don't you, Tim; you just hate it?

The CHAIR: Member for Hurtle Vale, that is not necessary. I have received some advice from upstairs in Hansard: if everyone could please talk into the microphones as best as possible, particularly those advisers coming to the table.

The Hon. J.M.A. LENSINK: I will ask Trevor Lovegrove to answer as he is the director of the screening unit.

Mr LOVEGROVE: The question was: is the number that is indicated going forward an accurate projection of what is likely to come in? The projection is based on both what had previously been received and what we predict will occur in the oncoming year. The five-year screening regime will not actually come into effect until probably another two years. There is a rollover period of time, so what will happen this year and next year will still be based on the figures that we currently project coming in because their extended clearance times have not yet started to commence.

Ms COOK: So via the minister to Mr Lovegrove—

Mr WHETSTONE: No, you have to ask the minister.

Ms COOK: Do not stall me, Tim.

The CHAIR: That is not helpful advice from the member for Chaffey—

Ms COOK: No, useless.

The CHAIR: —but I will be providing that advice that the question does need to be directed to the—

Members interjecting:

Mr BROWN: Those days are over, Tim.

The CHAIR: Member for Playford, please. The question does need to be directed to the minister, not to a minister's adviser, Member for Hurtle Vale.

Ms COOK: Was there any anticipated reduction in the drop moving forward? Is there an anticipated reduction of numbers of screening moving forward?

Mr LOVEGROVE: There will be an anticipated drop going forward but not until the end of the current cycle of screenings and when that five-year new cycle commences, which is different for the different screenings that are available because the working with children check came in on 1 July 2019, and the NDIS worker check came in on 1 February this year.

As they cycle through, the three-year previous clearance will come to an end for the people who have those old clearances, and people obtaining the new clearances will then have the five-year period. As people drop off the old clearances, the numbers will come down because people will then have a five-year clearance. However, that is not predicted to start happening until the expiry of people holding current clearances.

Ms COOK: Moving on quickly to Budget Paper 4, Volume 3, page 94, 'Strategies to advance the inclusion of people with a disability'. Have you made a decision regarding the extension of the SATSS program to remove future doubt for users who are currently on the NDIS?

The Hon. J.M.A. LENSINK: I assume the member is referring to the South Australian Transport Subsidy Scheme. As our colleague the member for Schubert would well know, as this used to be his portfolio, the SATSS has continued while a number of changes have taken place with the NDIS. Indeed, one of the impacts of the collective decision not to proceed with independent assessments means that the transition to a new system is likely to take even longer.

I will just get you a little more detail in relation to SATSS. South Australia has agreed to continue SATSS for NDIS participants until 31 October 2022 to allow time for the NDIA to review its transport arrangements. As I mentioned, independent assessments caused some delays, and COVID-19 delayed development of transport policy decisions. That is a topic of active discussion with the disability reform ministers and we will continue to negotiate for better outcomes for people with disabilities.

Ms COOK: I move on to Budget Paper 4, Volume 3, page 85, which talks about continuing the implementation of Community Connections, with HACC now ceasing and being replaced by this several weeks ago. The Human Services annual report talked about \$18.9 million of funding being distributed to service providers through HACC for various services. The Community Connections Program is described in your release as an innovative new program to combat social isolation for socially isolated adults, and it provides age ranges and inclusions for Aboriginal and Torres Strait Islanders. What is the total amount of funding allocated for the Community Connections Program in 2021-22?

The Hon. J.M.A. LENSINK: This is an interesting program. HACC has been around since Adam was a boy and used to significantly support elderly people living in their own home as well as people with disabilities, but, as I keep saying, service models change over time and funding models change over time. Now we have My Aged Care and the NDIS, so we have pivoted this particular program into a new area. A large portion of it is, as the honourable member identified, isolated adults. We continue to have a strong focus on carers and also providing support to people who are not receiving services through the NDIS or My Aged Care.

Ms BOSWELL: As people have transferred out of the Home and Community Care, we have been moving people through support to both My Aged Care, to get the supports that they need going

forward, and the National Disability Insurance Scheme, and therefore there is a step down to \$15.7 million. That has allowed us to repurpose money towards some Community Connections money for children as well, so there is an additional \$1 million, as the minister said in her opening statement, that went into programs associated with country services for Safer Families, and we are also providing Community Connections approaches in Tiraapendi Wodli and some other programs.

There is money in the budget going forward for the Community Passenger Network, the Community Connections care partners approach, Community Connections community partners approach, which includes carers and Aboriginal organisations in particular, coordinating partners, including capacity building, multicultural and regional coordinating partners, and other programs that will be going forward.

This program now has been designed in conjunction with The Australian Alliance for Social Enterprise, which has worked with the department to come up with a program that looks at social isolation and how to bring people who have been involved traditionally in HACC, not because they needed specific supports that are now provided under NDIS or under My Aged Care but because they actually needed a way to be connected back into community and to get supports.

This program seeks to do what the National Disability Insurance Scheme does in many ways, which is to get people to participate in their community rather than just get services going to them. We are trying to bring people into connections.

Ms COOK: I understand time has gone, Chair. In regard to tabling questions, I have some questions to table on notice.

The CHAIR: They do not get tabled. They get submitted through a process. I can provide you with the email address.

Ms COOK: But I can do that later today?

The CHAIR: Yes, at any point immediately preceding today's—

Ms COOK: Thank you to department staff.

The CHAIR: Given the time has expired for examination of payments in relation to the Department of Human Services portfolio, if there are no further questions, I declare the examination of the portfolio Department of Human Services completed.

Departmental Advisers:

Ms L. Boswell, Chief Executive, Department of Human Services.

Mr N. Ashley, Chief Financial Officer, Finance and Business Services, Department of Human Services.

Mr J. Young, Executive Director, Disability Services, Department of Human Services.

Ms K. Biggins, Acting Executive Director, Community Investment and Support, Department of Human Services.

Ms K. Brandon, Director, Access and Inclusion, Strategic Policy and Reform, Department of Human Services.

Ms M. Kirkby, Director, Accommodation Services, Disability Services, Department of Human Services.

Mr. T. Lovegrove, Director, Screening Unit, Community Investment and Support, Department of Human Services.

The Hon. J.M.A. LENSINK: We now welcome Mr Joe Young, executive director of Disability Services; Ms Muriel Kirkby, director, Accommodation Services in Disability Services; and Ms Ksharmra Brandon, who is the director of access and inclusion, strategic policy and reform.

The CHAIR: The next session will examine proposed payments in relation to Disability Services. The minister appearing is the Minister for Human Services. The estimates of payments again relate to the Department of Human Services and also Administered Items for the Department of Human Services. I advise that the proposed payments remain open for examination and invite the minister to make an opening statement in regard to this portfolio, should she wish.

The Hon. J.M.A. LENSINK: The Marshall Liberal government continues to drive the economic and social benefits of a more inclusive South Australia. One year on from the launch of Inclusive SA, South Australia's first disability inclusion plan, South Australian government agencies and local councils are committed to improving access and inclusion for people living with disability through the implementation and release of their Disability Access and Inclusion Plan.

On 18 February 2021, I released the first annual report of Inclusive SA, providing an update on progress and achievements to date of Inclusive SA actions and the work of state authorities in removing the barriers faced by people living with disability to enable all South Australians to fully participate in our society.

In the first 12 months of operation, the state government has launched the Inclusive SA website, launched the South Australian Public Sector Disability Employment Strategy, completed the redevelopment of the Supreme Court complex to include accessible amenities, lifts, ramps, spatial designs, way finding signage and hearing loops as part of the Higher Courts Redevelopment Project and released the inclusive play guidelines.

Following the release of the Safeguarding Taskforce report in June 2020, the statement has now finalised all seven recommendations. These initiatives have demonstrated the Marshall Liberal government's commitment to safeguarding South Australians with a disability.

In the 2021-22 state budget, the government announced funding of \$500,000 towards the development of a safeguarding smartphone app that will improve the accessibility for people living with disability to connect with existing safeguarding agencies. This app, to be developed with people with a disability, the NDIS Quality and Safeguards Commission and others, will also include a virtual visit function that complements and enhances the existing Community Visitor Scheme.

To ensure this important work continues, I am pleased to report the continuation of funding for the access and inclusion directorate within DHS. The functions of this directorate include the strategic leadership, management and expert advice to inform the national disability agenda, including the NDIS and the National Disability Strategy.

In May 2021, the South Australian parliament passed amendments to the Disability Inclusion Act to provide stronger safeguards against the unauthorised use of restrictive practices for NDIS participants. The new laws support the use of appropriately measured and ethical practices to support people with disability and ensure that restrictive practices are only used as a last resort. The new laws bring South Australia into line with other states and territories to have a streamlined authorisation process covering all NDIS participants, which is enshrined in legislation and consistent with the national principles regarding restrictive practices.

The public consultation on the draft regulations closed on 2 July. This process has informed the drafting of guidelines that will also be subject to further consultation. As part of the South Australian government's strategy to transition out of state Disability Services and support the NDIS model of choice and control, a competitive market process was undertaken to transfer the Domiciliary Equipment Service Readily Available Loan Equipment Service to the non-government sector. ALTER, which is part of Cabrini Health, commenced a contract to supply refurbished and readily available loan equipment through to DHS equipment program clients from 14 December 2020.

Throughout this transition, continuity of service was maintained for all client cohorts. The DHS equipment program continues to support and fund South Australians who are otherwise ineligible for equipment and home modifications through the national aged and disability schemes. Accommodation services continue to provide support services to approximately 530 clients in the community and at Northgate Aged Care. Improvements and reforms continued in

DHS accommodation services to continuously improve the quality of services provided and operate effectively under the NDIS. This has included:

- recruitment and training of new disability support workers;
- commencement of the NDIS quality audit; and
- review of key systems and processes.

Service reforms to broaden operations as a registered NDIS provider will continue to be a priority in 2021-22, with full transition required by mid-2023.

The traineeship program announced in last year's budget has also commenced, providing the opportunity for 175 trainees of any age to become fully qualified disability support officers and gain ongoing government employment at the end of their traineeship or to explore opportunities in the growing market. With over 730 applications for the 60 positions that have already secured a highly sought after role, this has been a great initiative. I am very proud to be the minister in this area and of all the work that has been done in the last 12 months to support people with disability to live their best lives.

The CHAIR: Member for Hurtle Vale, do you wish to make an opening statement?

Ms COOK: Thank you to the department staff for their hard work and attendance.

The CHAIR: Very good.

Ms COOK: I refer to Sub-program 4.2: Accommodation Services, which is in Budget Paper 4, Volume 3, page 96. Minister, who is responsible for the governance, safety, clinical standards and oversight of the unit at Hampstead that has been designed to facilitate NDIS participants leaving hospital?

The Hon. J.M.A. LENSINK: The honourable member is referring to the transition to home program. In March 2020, the Department of Human Services, Wellbeing SA, the NDIA and local hospital networks developed and implemented the transition to home step-down program as part of South Australia's existing long stay transition to discharge project. The transition to home program facilitates the timely discharge of people with disability from hospital into the community and was successfully accelerated as part of the COVID-19 response.

The program currently operates from Hampstead Rehabilitation Centre, with 23 places available. When transition to home reaches capacity a waiting list is maintained and admission is managed based on individual needs and the vacancy available. For example, an individual who has been on the waiting list the longest is not necessarily the next admitted, they may require a single room which might not be available. The program also operated from U City, which closed in November 2020. DHS continues to work with SA Health and Wellbeing SA to support people who may be eligible for the program. I am not sure if that has answered the honourable member's question.

Ms COOK: In short, is it true to say that the Department of Human Services is responsible for the governance, safety, clinical standards and oversight of that unit?

MS BOSWELL: The transition to home unit is actually a community house. The department is responsible for it, as it is for any group homes. When you say 'clinical governance' it makes it sounds like a health model; it is not a health model. It is a disability group home in many respects.

Ms COOK: Given that statement and my question—

Mr Whetstone interjecting:

Ms COOK: Tim, you really are frustrated, aren't you?

The CHAIR: Members, it is unhelpful for members on both sides of the chamber to make commentary to each other.

Ms COOK: Given that statement, given my question and given the fact that a man recently was transferred from that unit to the hospital after a first visit from an external provider found a festering wound weeping pus that has made the gentleman so unwell that he spent weeks in hospital,

is the model not correct if you do not understand what clinical standards are? Should the person have been there, given how unwell he was? If you do not have staff able to recognise deteriorating wellbeing and health, then should you review how that unit is set up?

The Hon. J.M.A. LENSINK: I will ask the CE to respond to this, but I might also say that there is a lot of speculation in the honourable member's commentary, which is not helpful.

MS BOSWELL: There are a number of statements that were made that are not accurate in terms of our understanding of those facts. The matter is under investigation by the Health and Community Services Complaints Commissioner. We take any concerns about the welfare and safety of our clients very seriously. We look forward to the outcome of that investigation and do our utmost to ensure that all recommendations are followed and any matters that need addressing are addressed.

Ms COOK: I refer to Sub-program 4.2: Accommodation Services. Can the minister give an update on the current advanced manual handling training that has taken place? Is best practice being implemented as part of this?

The Hon. J.M.A. LENSINK: There has been a lot of reform in the accommodation services space, and I think we need to commend the teams of staff who work there—the on-ground staff management and the leadership of the department—for the excellent work they have undertaken to ensure that our services are providing quality services, including engaging with clients with lived experience.

In terms of manual handling training, the advice I have received is that DHS accommodation services provides advanced manual handling for all new employees entering the service since 2018. This training has been provided by a trained physiotherapist and specialist in manual handling. Existing staff receive training in intermediate manual handling every two years as part of their compliance training requirements.

In response to the changing profile of clients, that is, clients are ageing and therefore less mobile, and to support continuous improvement, in mid-2020 accommodation services updated compliance training requirements to include advanced manual handling training. In sites where specific needs had been identified compliance training in advanced manual handling training was brought forward outside the regular training cycle.

Ms COOK: Is this training all in person, face-to-face, with practical skills assessed?

The Hon. J.M.A. LENSINK: That is a very detailed question, so that is something which we might invite Ms Boswell to answer.

MS BOSWELL: Yes, although that may have varied during COVID. I might need to check that, but the advanced manual handling training—

Ms COOK: I am happy for you to take it on notice. I refer to Sub-program 4.2: Accommodation Services, Volume 3, page 96. I am aware that the minister has previously taken umbrage at the naming of a victim of improper manual handling. With this in mind, I will refer to that person as DP, and I am sure your department will assist if you cannot remember the case.

The Hon. J.M.A. LENSINK: I remember it very well.

Ms COOK: Very good. Is the minister able to update us regarding any developments around the specific case and the investigation into the passing of DP? Do you know what is the progress with respect to the Coroner investigating this? Can you advise, minister, also, in regard to the staff member alleged to have used the inappropriate manual handling technique whether their employment was terminated by the department or did they resign?

The Hon. J.M.A. LENSINK: The honourable member might use an acronym, but she was the one who put this person's name and face in the media in what I regard as one of the most disgraceful acts of an opposition in my time in government, against the wishes of the family who, from my conversations with them, thought she might have been an investigator. She should hang her head in shame—

Ms COOK: I can give you the recording actually.

The Hon. J.M.A. LENSINK: —at her behaviour—

The CHAIR: Member for Hurtle Vale, the minister is entitled to answer as she wishes.

The Hon. J.M.A. LENSINK: —in relation to this particular case. She has disgusted members of the disability community, and demonstrated a fairly advanced form of ableism throughout that whole episode. In relation to her specific questions, it is a matter before the Coroner and I cannot comment any further.

Ms COOK: Minister, last year in estimates we were advised that the staff member no longer worked for the department—that is on record here in this house. Was that staff member the subject of a termination of employment?

Ms BOSWELL: I do not believe that was said in estimates last year.

Ms COOK: I will provide it if need be.

The Hon. J.M.A. LENSINK: In any case we are not going to comment any further on the outcome of those investigations. The honourable member claims—she has a face mask that says 'unions' on it, yet she is more than happy to attack people in the frontline.

Ms COOK: A union does not protect incompetence, particularly if the department is in charge of the lack of supervision.

The CHAIR: Member for Hurtle Vale, the minister is entitled to be heard in silence when she provides her answer.

The Hon. J.M.A. LENSINK: Without knowing all the facts of a case, she is quite happy to go out there and cause lots of distress. There were media cameras staked outside that home, so there are innocent parties who also suffered some trauma because of the member for Hurtle Vale's behaviour in taking this case to the media in such a disgraceful way. She might want to bear in mind that some of the members of the unions that she associates with might have been impacted by her very actions. Just think about what you wish for really.

Ms COOK: Bearing in mind that a union is not a method to shield staff who do not follow orders, or people who are the subject of inadequate training and supervision, can the minister guarantee—

The Hon. J.M.A. LENSINK: Point of order.

Ms COOK: I did not say it was about you.

The Hon. J.M.A. LENSINK: I am not talking about myself. I am talking about this particular case.

Ms COOK: I am about to refer it.

The CHAIR: Members! The minister is entitled to raise a point of order; she has done so.

The Hon. J.M.A. LENSINK: I would ask the honourable member to not try to place unverified commentary, that she may have heard or may have made up, on the record.

Ms COOK: What is your point of order? You have just accused me of being some union shield. You are very inconsistent.

The CHAIR: There is no—

Mr BROWN: Don't be embarrassed!

The Hon. J.M.A. LENSINK: I am not embarrassed.

The CHAIR: Please, enough!

The Hon. J.M.A. LENSINK: Aren't you union?

The CHAIR: Members, enough! Proceed with the next question please, member for Hurtle Vale.

Ms COOK: Thank you. I refer to Subprogram 4.2: Accommodation Services. Can the minister guarantee that all shifts are being covered in all supported disability accommodation as required?

Mr Whetstone interjecting:

The CHAIR: The member for Chaffey will cease interjecting. Member for Hurtle Vale, could you please repeat the question through the Chair?

Ms COOK: Thank you, I will. Can the minister guarantee that all shifts are being covered in all supported disability accommodation, as required?

The Hon. J.M.A. LENSINK: I will ask Joe Young if he could respond to this particular question.

Mr YOUNG: There are quite a number of shifts in one day where there are roster vacancies or people calling in sick or for whatever reason. There is a process that our daily replacement office goes through. Some of those are filled through people who have available time, overtime and also agencies. Where a shift is not able to be covered by an agency, there is a local arrangement that is put in place between particular clients' houses, in terms of the services being provided and also to ensure our obligations under SafeWork, etc., are covered through floating staff and those things.

Ms COOK: Can the minister advise how many hospital presentations have been required as a result of lack of supervision in a unit such as—I will use the first initial of the unit. I believe you should be able to identify it: it is C street. I do this so that I do not identify the street. I am happy to tell it in confidence.

The Hon. J.M.A. LENSINK: I thank the honourable member for treating this matter confidentially. If she wishes to proceed to ask about the details—

Ms COOK: Yes.

The Hon. J.M.A. LENSINK: —I will attempt to get some information for her in relation to those particular complaints.

Ms COOK: In regard to this particular house, and perhaps others, how many staff should be present for a morning routine were the house to have four significantly vision-impaired residents who have complex cognitive and other needs, with at least one of those requiring two-person assist for all movement?

The Hon. J.M.A. LENSINK: I think it is a bit of a hypothetical question in terms of the level of need. I am not sure whether in disability there is a scoring system as there is in aged care. The RTS, or whatever it is called these days, is supposed to translate into some form of staffing rosters. I think in disability there is a greater range of diversity, but I might ask Muriel Kirkby if she wants to respond.

Ms KIRKBY: Yes, all our homes have gone through a clinical review in terms of the needs of our clients. That has been carried out by our director of nursing, so there is a high level of clinical oversight in terms of what the client needs are. We review that regularly as needs change.

Ms COOK: How many staff, not trainees, have been employed in the past 12 months in supported disability accommodation? We are aware of the trainee program. In that trainee program, if staff were placed in a supported disability accommodation how were they identified and interviewed for a particular site?

The Hon. J.M.A. LENSINK: It is probably just worth bearing in mind in relation to the trainee program that they are actually supernumerary. I answered a question the other day that said there has been something like a 13 per cent turnover of staff in accommodation services, so we have probably employed to replace at the moment, or as the number of clients increases then, 120 new employees since January.

Ms COOK: I am taking a cough lolly, not sweets, Mr Chair.

The Hon. J.M.A. LENSINK: Have you been tested?

Ms COOK: Yes, I have been tested for COVID, thank you. Budget Paper 4, Volume 3, page 96. I refer again to Sub-program 4.2: Accommodation Services. In the accommodation services over recent years there is a case where 'Mitchell' was referred to. I am understanding that this is not Mitchell's name. I am aware of the circumstances. Also, I will refer to the names of the relatives using the names used in the royal commission. Minister, why did you refuse to meet with Mitchell's relatives, Victoria and James? How did you respond to their request personally for a meeting?

The Hon. J.M.A. LENSINK: This matter was under investigation with the Ombudsman, and we received advice that while it was under investigation with the Ombudsman I should not meet with the family. That was their advice. I have subsequently written to the relatives to invite them to meet with me.

Ms COOK: So you have signed off on a letter yourself inviting them for a meeting. Continuing on the same line for a little while: given that statement before, is it standard for responses to be actioned by your office after a request for a meeting only once the Premier has been contacted?

The Hon. J.M.A. LENSINK: No.

Ms COOK: Did you ever prior to the royal commission yourself in writing or otherwise ever reach out to this family?

The Hon. J.M.A. LENSINK: I would have to go and check through our records. I think my office has had contact with them, but that sort of detail—because the matter took place in 2018, so that is three years' worth, so I might need to take that one on notice and get back.

Ms COOK: There was a letter sent to this family. Did the department draft that letter? Did you see that letter at all prior to it going out?

The Hon. J.M.A. LENSINK: So this is a letter from the department to the family?

Ms COOK: I do not know; you tell me.

The Hon. J.M.A. LENSINK: I do not know—

Members interjecting:

The Hon. J.M.A. LENSINK: If I do not know—

Ms COOK: You can laugh. It is serious.

The CHAIR: Member for Hurtle Vale, please. We have broached this a number of times this morning.

Ms COOK: I do not think they need to laugh, sir.

The CHAIR: When the minister is providing an answer, she is entitled to be heard in silence. That applies to my left and to my right.

The Hon. J.M.A. LENSINK: It is a bit difficult if the honourable member does not identify whether it is a letter that I signed or whether the department signed. There has been a lot of correspondence with this family.

Ms COOK: On what basis did the department form a view that there was a thorough investigation by both the department and the police, and has the department actually corrected this information about the alleged thoroughness of the investigation to the minister?

The Hon. J.M.A. LENSINK: Thank you to the honourable member. I should actually say at the outset that, yes, when I did see that letter that was sent to the family, it is an awful, awful letter, and I can completely understand the distress it has caused. It was something that was brought to my attention by the former Principal Community Visitor, Mr Corcoran, late in 2018—so sometime after it had taken place. My recollection of this matter is that I had been assured that it was a thorough investigation. I have since asked that the department reinvestigate this matter as well. I will invite the CE if she wants to make any additional points in relation to this particular situation.

Ms BOSWELL: I note that the matter was referred to the police repeatedly and investigated by the department's investigation unit, which has been led by police officers. They formed a view

about what they could do within the bounds of their remit, given that the view was this should be a police matter. In terms of the investigation, as a matter of course during the royal commission, there were concerns that should have gone further and the Ombudsman said it should have gone further.

There has been further interviewing of people and I have since hired an external investigator, who is seeking to investigate the matter further. Unfortunately, it will be difficult, as it has always been, to establish the author of an anonymous letter. The matter has been referred to the police on two occasions.

Ms COOK: Minister, are you aware the family were provided with an apology, which they did not receive, got locked in an email that they did not use for several months and there was no follow-up in that period of time until royal commission evidence was submitted to say that this family had not been reached out to by the department? Is it good enough that this type of butt-covering exercise happens just before the royal commission happens and there is no follow-up with the family to see whether they had a response to the initial reaching out to them; is that good enough?

Mr KNOLL: Point of order, Mr Chair.

The CHAIR: Point of order.

Mr KNOLL: Given that I understand the rules of question time and the standing orders remain in place for this committee hearing, that question offends standing order 98 quite substantially and I would ask you to rule it out of order.

Ms COOK: How so?

Mr KNOLL: It contains argument.

Ms COOK: No, it is fact out of the royal commission. It is on fact, and I am sure that the department would agree to that.

Mr KNOLL: Actually, sorry, Chair, to interrupt, but can I extend my point of order and suggest that—

The CHAIR: There is no—

Mr KNOLL: —questions actually cannot contain fact or argument.

Members interjecting:

The CHAIR: Members, I am going to give the minister an opportunity to respond, to correct the record, if she feels the need.

The Hon. J.M.A. LENSINK: I might invite the chief executive to respond in relation to some of those details.

Ms BOSWELL: I wrote a letter of apology at the request of the Ombudsman. At the time, I do not believe we were even aware that this would be a matter before the royal commission. The letter was sent to the same email address as the letter they did receive only a couple of days before from the head of the investigations unit. I can only assume that the family just overlooked that particular email. It was the primary email address on our contact list for the family and was used for another email, as I said, that they did receive within a very short period of time.

The first I became aware that the family had not received that was when I read the evidence that was presented to the royal commission. I was horrified and immediately sought Crown advice because we were in the middle of the royal commission and I did not want to disrespect the royal commission by doing something during a hearing process. Once that was received, we immediately made contact and made sure that the family received it in another way.

Ms COOK: Have there been any further incidents recently regarding the care of Mitchell that have warranted investigation?

The Hon. J.M.A. LENSINK: I think it is inappropriate to discuss client matters.

Ms COOK: Will the minister release the agenda for meetings held between the Principal Community Visitor since 2019 and either the minister and/or the CE of DHS for publication prior to

the Principal Community Visitor annual report that flagged this incident regarding Mitchell that had all this investigation occur? Will you release the agendas for the meetings to demonstrate that you were not, or your department was not, flagged regarding this issue with Mitchell before?

Ms BOSWELL: The department was aware. The matter happened in I think it was either the end of February or early March 2018. The department was aware and immediately commenced an investigation. Safety standards were put in place for Mitchell the day the letter was achieved. There were many conversations between the director of the incident management unit and the family and a lot of support was put around it. As you will be aware, there was a state election in March 2018. As far as I understand, it was not brought to the attention of the minister either by ourselves or by the community visitor until she received the draft report.

Ms COOK: Again, minister, you would be familiar with the case of Daniel, that was also brought to the forefront in the royal commission, regarding the theft and non-permission for the purchasing of certain personal items, linen and clothing. Do you have any concerns regarding the running of the department in this respect? What direction have you seen put in place to prevent this from happening to anybody else?

The Hon. J.M.A. LENSINK: I thank the honourable member for her question and as I said, I think at the outset, there has been a great deal of work done in terms of accommodation services to ensure that the service is much more responsive to clients in the service and that we are providing a much higher quality service to our residents. Clearly, that particular incident demonstrated a poor practice. We think that a lot of the practices within the accommodation services have improved vastly, and there is quite a list of reforms that have taken place to make sure that our people are given the dignity, respect and care they need.

It has also been reported to our service that in the past families used to 'pick their battles', whereas now they believe that they can safely report things to the service and those matters will be responded to. I will provide a comprehensive response to the honourable member. The reforms that have taken place within the accommodation service include:

- establishing a zero tolerance to abuse and neglect strategy as part of a new practice quality and safeguarding framework;
- increased education for staff on how to recognise and report suspected abuse or neglect;
- commencing a pilot of the use of CCTV in the homes of people living with disability;
- lowering the threshold for critical client incidents so that more incidents are reported and immediately identified and treated as critical;
- introducing a customer charter to clearly define the service's commitment to customers;
- establishing a customer group to self-advocate for a greater voice in their support and access to the community;
- restructuring the service to increase supervision in group homes to provide better management and mentoring of frontline support workers; and
- establishing a new quality and practice portfolio to deliver improvements in service delivery to customers.

Ms COOK: Minister, how many people living in disability accommodation have died since March 2018?

The Hon. J.M.A. LENSINK: I am not sure we have that statistic with us.

Ms COOK: I am happy for it to be on notice.

The Hon. J.M.A. LENSINK: On average, there are probably about 20 people who pass away per annum. It is important to bear in mind that some of these people have spent significant time living in institutions prior to being in accommodation services, and they could have significant physical limitations that are not necessarily conducive to a long life. It is very important that we all get exercise and live a healthy lifestyle but that can be quite challenging if you have any mobility limitations.

Ms COOK: In regard to critical incidents that have taken place in accommodation services over the past three years, are you able to guarantee that every one of these incidents has been fully investigated and nobody in accommodation services would have passed away due to a lack of care or clinical oversight?

The Hon. J.M.A. LENSINK: A natural death is not a critical incident.

Ms COOK: No.

The Hon. J.M.A. LENSINK: Critical incidents relate to a whole range of things, including quality of care. As I said, we lowered the threshold to include things such as if a staff member grabbed a client—that can be a critical incident even if there is no actual injury to the person. We have a very robust critical incident policy that we continue to work on. It is something that is a constant work in progress to make sure that we are improving our services. The department takes its approach to critical incidents very seriously, but deaths from natural causes are not part of that.

Ms COOK: If someone is so very unwell that they arrive at the hospital from your accommodation services, are placed in an induced coma and put on a breathing machine, is it ever—

Mr KNOLL: Point of order.

Ms COOK: For goodness sake, just lay off!

The CHAIR: Member for Hurtle Vale, that is not helpful. A point of order has been raised. Members are perfectly entitled to do that.

Mr KNOLL: The start of the question contained the word 'if' and the question in its subsequent composition is hypothetical and therefore out of order.

Ms COOK: No, it speaks directly to—

Mr BROWN: Point of order, Mr Chairman.

The CHAIR: Member for Playford, please.

Mr BROWN: As a former minister, he should know this, but we are actually in the committee stage of a bill, not question time, so the rules are different.

The CHAIR: That is true. There is much wider scope for questions during the committee stage. I am happy for the question to be put. Members should remember that while the member is able to put the question in a much more open way the minister is entitled to respond how she wishes.

Ms COOK: If someone is so unwell that they arrive at hospital and are placed in an induced coma on a breathing machine, is it ever an appropriate thing to delay calling a family member to be with this resident due to it being late at night?

Ms BOSWELL: We do have an expectation that families are informed when someone goes to hospital. That is a requirement, and if that does not occur we do investigate those matters. As well as that, if someone arrived at a hospital in that situation you would expect that hospital may also be required to notify.

In answer to the member's previous question, we also have a mortality review committee within the department that looks at every death, regardless of whether or not it could be by natural causes, just to ensure that we do pick up any concerns along the way, and of course in certain circumstances deaths are mandatorily notified to the Coroner.

Ms COOK: Yes, I am aware of that, thank you. There was a lot of evidence given in the recent royal commission, and a lot of questions were asked in regard to processes within Disability SA. Evidence was given by one of the area supervisors who had direct contact with a couple of the incidents that were under investigation. I will respect the person's name and not reveal the whole name, although it is public. It is Mr C.

Has the minister been briefed regarding the evidence provided by this supervisor, and would she believe that it is an honest and true precis, bearing in mind that we have an excerpt from a message regarding this area manager's promotion dated 13 November 2019, post the incident, about this man, saying:

One of the very well-known staff in our service, Wayne started his career with IDSC in 1988. He has most recently acted as Area Manager in the southern area where he has been working with staff to improve services for the people we support. Wayne has a wealth of experience in NDIS implementation and has also been the Accommodation Services Manager at Cheltenham. Wayne has an admirable work ethic, always putting the people we support first, and was a nominee for a 2019 DHS Chief Executive's Award.

Further, Mr [C] was a finalist for the Premier's Excellence Awards on Tuesday 6 April 2021 to acknowledge individuals and teams who have consistently demonstrated exemplary service delivery and the South Australian public sector values.

Given the incidents that had occurred across a period of time and the lack of this person's capacity to detect this air of neglect within these services, which was quoted also by one of your senior managers in the royal commission, do you stand by these statements and these nominations of this staff member within your department and do you feel concerned that there may be other people who are equally as incapable of providing supervision and care to people?

The CHAIR: I have provided a fairly long leash this morning to you, member for Hurtle Vale. I will remind you that in ordinary circumstances that question definitely would be out of order. I am going to give the minister an opportunity to respond to the question, but please keep in mind my generosity may not extend into the next session.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. I would also like to point out that I have been very generous in not having any Dorothy Dixers so far.

Ms COOK: You have; thank you.

The Hon. J.M.A. LENSINK: I will invite the chief executive to respond on this one.

Ms BOSWELL: Mr C is a very capable and very genuine and caring employee who is actually extraordinarily good at his job. I stand by that nomination. I think that there are matters before the royal commission and the royal commission evidence that we cannot currently go into.

The CHAIR: The time allocated to the examination of payments in regard to the portfolio of Disability Services has expired. Therefore, there are no further questions and I declare the examination of the portfolio of Disability Services completed.

Sitting suspended from 10:46 to 11:00.

Membership:

Ms Michaels substituted for Ms Hildyard.

The CHAIR: Welcome back to Estimates Committee B. The portfolio open for examination during this session is Volunteer Services. The minister appearing is the Minister for Human Services. The estimate of payments relate again to the Department of Human Services and Administered Items for the Department of Human Services. I advise that the proposed payments remain open for examination and I call on the minister to make an opening statement in regard to this portfolio, should she wish.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. I do not think we have any new advisers to introduce you to; you have met them before. Volunteering is an important part of sustaining an inclusive society in which all South Australians have the opportunity for meaningful participation. Volunteering connects us, strengthens our sense of belonging and creates positive relationships that build stronger and vibrant communities. In South Australia hundreds of thousands of people engage in formal and informal volunteering every year with a diverse range of volunteer-involving organisations. Their volunteering efforts contribute directly to the health and wellbeing of individuals, to our communities and to the economy of our state.

To build a stronger volunteering sector, in May we launched the new Volunteering Strategy for South Australia 2021-2027, which was developed by the South Australian government in partnership with Volunteering SA&NT, Business SA and the Local Government Association of South Australia. The strategy was developed in consultation with over 600 people from across business

and the not-for-profit sector. The new strategy builds on the foundation created by the state's previous strategy from 2014 to 2020.

The key priority areas of the strategy are increasing the participation of young people, building the capacity of organisations to upskill and retain volunteers, and helping more people to enjoy the rewarding experience of giving their time. The strategy will be supported through action plans which will be reviewed every two years and which are designed to be flexible and responsive to feedback and changing priorities or circumstances within the sector. A recent workshop with approximately 75 delegates from across local and interstate government, business and the not-for-profit sector identified key actions for the first plan. I am pleased to share some of the achievements of the first strategy, which include:

- development of tools and resources to encourage youth volunteering guided by a student volunteering working group;
- development and promotion of online resources to help volunteer organisations understand work health and safety laws related to volunteer activity;
- development and implementation of the Commissioner for Public Sector Employment volunteer guidelines and online training module to ensure a consistent approach to management of volunteers in the Public Service;
- establishment of an ongoing public sector volunteer policy network to support the effectiveness and experience of volunteers for Public Service agencies. The network has been meeting quarterly since 2017 and is represented by over 15 government agencies; and
- establishment of a working group to work with the volunteering sector to determine how best to manage volunteer disputes, including better access to training and relevant resources to support volunteer management.

Some actions that are being progressed currently with our partners include: development of a pilot project, volunteering as a pathway to an apprenticeship or traineeship, in collaboration with the Department for Innovation and Skills; continued support for the WeDo app, an online resource for recording and individual's volunteer hours and recognising their volunteering contribution, especially for young people; and piloting a new connector model to focus on connecting young people to volunteering opportunities and building capacity of organisations to engage young people in appropriate and meaningful volunteering roles.

To formally acknowledge the contributions made by so many volunteers and volunteering organisations, the state government delivers a number of initiatives to recognise and support volunteers, including the volunteer certificate recognition program and the annual Volunteers Day celebration event, including the presentation of the South Australian Volunteer Awards.

This year's award recipients were Mrs Betty Khor for the Joy Noble Medal; SULLIVAN Consulting for the Premier's Award for Corporate Social Responsibility; Habitat for Humanity—South Australia's Bushfire Recovery Program for The Andamooka Community Project Award; and Ms Victoria Gautier, who is the volunteer manager of Carers and Disability Link, for The Excellence in Volunteer Management Award.

Our initiative to provide free volunteer screening has saved volunteering organisations more than \$8 million since it was introduced in 2018. With the outbreak of COVID-19, many volunteer-reliant charities and organisations have found it challenging to maintain their workforce. Despite the disruption caused by the pandemic, we continue to support them through an active partnership.

I would also like to acknowledge the significant contribution of Evelyn O'Loughlin, who is moving on to new challenges after almost 13 years at the helm of Volunteering SA&NT. I am sure everybody wishes Evelyn all the best for her future and thanks her for her service, particularly through partnerships and a range of initiatives that she has been involved in.

The CHAIR: Lead Speaker for the opposition, did you wish to make an opening statement?

Ms COOK: No, only again to thank the service of the volunteers of South Australia during a difficult time, particularly the service of Evelyn O'Loughlin, who has been instrumental in building the volunteer workforce, so to speak, throughout the state.

The CHAIR: At the conclusion of opening statements, I call for questions. The member for Hurtle Vale.

Ms COOK: I am referring to Budget Paper 4, Volume 3, page 85, pretty much for all parts of the questioning; it is regarding building capacity of volunteers. Within the Community Connections Program, the release from the government talks about how this program will help independence, isolation, and all of those things, but also opportunities to volunteer and learn new skills within the program. With regard to the Community Connections Program and volunteers, how many people within that new program will the minister consider meeting the criteria of isolation? What is that definition of isolation, and how will these volunteers assist with that?

The Hon. J.M.A. LENSINK: I will have a go, and then I might see if someone from the department would like to speak to more detail about the way we are designing the program. I think we have seen in the community that there has been quite an acknowledgement and recognition that there are isolated people. Off the top of my head, things that I can think of are The Pear cafe, which I think is in Woodville, Croydon, or around there somewhere. There is a recognition of community programs which are supporting people who are isolated through the community awards. I think one of their newer awards, from memory, is focused on that particular area.

I mentioned previously that through COVID we came to appreciate there were a number of people who were impacted by COVID who might not actually be connected to the formal service network. One of the examples that springs to mind is somebody in the member for MacKillop's electorate, who I think was a lady in her early 60s who chose to self-isolate because she was concerned at the start of the pandemic.

We have some people who have been COVID impacted who might otherwise not need assistance to get about living their daily lives. I think we personally all know of individuals who can be on their own and not interact much with people, so certainly we are seeking to target a range of those people. I am not sure whether there is any sort of measurement of people who are isolated, but I might see whether one of our officers would like to expand on what is the concept behind this particular program.

Ms BOSWELL: The role of community coordinators and coordinating partners in the program is to identify need in the community. Because this program is trying to develop a new approach to social isolation and identifying it, we are trying not to be too prescriptive about the definition of social isolation, because to do so might rule out people who need supports. It is about identifying need and identifying how you can connect people into new opportunities.

Obviously, there are limited resources, so people will not be serving everybody, regardless of need. With coordinating partners, we have a great deal of respect for our non-government partners in this in that they have quite a lot of expertise in their communities and in where need arises. We are developing reporting and evaluation mechanisms as we go so that we can refine how this program goes forward. It is very much a try, test, learn approach to the Community Connections process.

Ms COOK: There has been a focus on the term 'social isolation' during the preamble to the rollout, and the rollout I understand commenced on 1 June. You talk about development of the program. I understand evaluation might lead to changes within a program, but is this program not fully developed already when you hit go on it and hit stop on HACC?

The Hon. J.M.A. LENSINK: Someone will correct me if I am wrong but, as the CE has already said, it is try, test, learn. We have a large number of partners and through this process we are not trying to dictate to them what their program might look like, but harvest the diversity of their experience and opportunity and their own volunteer cohorts to make sure it is as rich as possible going forward. I think there is the continued support for carers through this process, and they are very well established in what they do. That program complements what the commonwealth has been doing in the carer space, but I will see if anybody wants to expand on that.

Ms BOSWELL: We certainly still have the Community Passenger Network, the Carer Connect. There is a lot of the Carer Connect process in this approach, which is still doing many of the things that were done under the old HACC program for carers in particular, expanding that and trying to complement the new commonwealth government approach to carers. We had long conversations with the carer associations about that and have developed it to be complementary.

In terms of identifying need in the community, we are working closely, in partnership with the non-government organisations, with those people and their communities who understand and know where their social isolation issues are. We are talking about groups of non-government organisations that have been dealing in concepts of social isolation for many years, so you do not want to set something that says that you need to have not spoken to somebody for X number of years to be able to be considered to have social isolation.

You need to not have many community connections, you need to be in need of some social connection, and they are working at identifying those needs and identifying the pathways through to better programs. Volunteering may well be one of those in terms of taking somebody into a community centre and having them connect into those sorts of organisations.

We are seeing some very good models of that type of work, for example—and this sits outside Community Connections—Tiraapendi Wodli in Port Adelaide is very much bringing in people and channelling them into meaningful volunteering, and hopefully as a pathway to meaningful work, to get them out of social isolation and other community disconnection issues.

Ms COOK: To be clear, there is no specific definition being used—I think you have clarified that there is not. Is there any rubric that is in place for the community partners to now be able to assess people in the community and slot them in to ensure that there is fairness exercised and that people who require assistance do not miss out? Is there a rubric that is being applied to this—any scientific, qualitative—

The Hon. J.M.A. LENSINK: Excuse my ignorance, but what does 'rubric' mean?

Ms COOK: It is a template that you would use to check off whether or not something has been achieved in order for it to be contained within a certain program.

The Hon. J.M.A. LENSINK: So you are talking about having to assess people before they can get on a community bus and that sort of thing?

Ms COOK: To be qualified for a program, as such, you often have to meet certain criteria. Is there a rubric being applied to this particular program that would capture all the people who have required assistance, to make sure that they do not miss out?

Ms BOSWELL: There has been quite a lot of work to ensure that everybody on the old HACC program is being transitioned appropriately, and that work is continuing to make sure that they are, in particular, maximising their approaches to My Aged Care and the NDIS. Most people who require that sort of personal assistance and regular domestic support-style arrangements therefore do qualify for NDIS and My Aged Care, which in fact probably will give them better and more personalised approaches than the old HACC program.

HACC was often self-assessed in the local community by whoever was delivering HACC in terms of who had the greatest need. That approach continues but with an emphasis on connecting people rather than just delivering services to them on a daily basis. So it is about getting them to be involved in things to bring them into community and have them engaged and hopefully to be able to deliver a better life within their local community, rather than just have somebody come to deliver a service, which, when we went out and consulted and looked at programs, seems to contribute to social isolation rather than improve it.

Whilst there is not a strict definition of social isolation—the old HACC program did not have a strict definition either—this is actually about identifying local need in local communities and understanding who in that community has need. We have quite a bit of faith in our non-government partners to be appropriately distributing that resource. They tend to try to go with the highest need first.

Ms COOK: Talking a little bit more about Volunteer Services, we know that during COVID there has been a huge drop in the numbers of volunteers, for good reason. With the instability currently around COVID, obviously that recovery is going to be even more difficult than anticipated. The budget paper outlines the strategies to increase volunteers, including grant programs.

Which grants specifically target volunteering and all volunteering organisations to be able to rebuild their capacity, given that the structure of grants has changed? Arts and environmental organisations, for example, do not necessarily meet the criteria around vulnerability. What sorts of grants can they access to build their volunteering capacity and return their volunteering workforce?

The Hon. J.M.A. LENSINK: I think there are probably two levels of support. There are the organisations that support volunteer organisations—obviously, one of those is Volunteering SA&NT—and then we also have other organisations, such as Northern Volunteering and Southern Volunteering, that also provide support. I think there is one on the Limestone Coast—

Ms COOK: No, they have closed.

The Hon. J.M.A. LENSINK: There may be others. There are several levels to it. There is support for the volunteering organisations themselves that we understand broadly provide support, some capacity building, a range of things, and the amount of funding which is going out to those particular organisations is more substantial than in the past.

I note that the commonwealth, through its programs, actually doubled that funding in this current financial year. In addition, the Department of Human Services is also providing funding to those supportive organisations, if you like. So they obviously assist organisations, particularly some of the smaller ones, with some of their policy development and a range of things. In terms of direct support to organisations, the Grants SA stream provided COVID support through the grants round last year.

Any organisations that might be outside that Grants SA remit can certainly access assistance via Volunteering SA&NT and the like. I think it has always been a policy of government that sporting organisations receive funding from sports and so forth so that we can ensure that our Grants SA program is focused on the other community groups so that we do not get too much mix-up, but there is some creep within different parts of the sector from time to time.

Ms COOK: What is the total FTE in the department responsible for the delivery and implementation of the volunteering strategy?

The Hon. J.M.A. LENSINK: In terms of for the strategy itself, it is 1.5 FTE. Obviously, there are other programs which have an intersection with volunteers, such as the grants program, which directly benefit volunteers, and I do not think we could quantify across the department what the equivalent FTE is that supports volunteering in South Australia. As I am just reminded, there is a partnership with the LGA and Business SA which provides its own level of support in those areas as well.

Ms COOK: Will the current level of staffing within the department be maintained for the duration of the next 12 months?

The Hon. J.M.A. LENSINK: Yes.

Ms COOK: In respect to grants, you spoke about that just before, regarding grants that intersect with volunteering. There is about \$3 million, I understand, that was allocated from that Charitable and Social Welfare Fund. Of course, many of those grants go specifically to organisations around volunteering, which is very important. Where is the remaining money allocated in that fund?

The Hon. J.M.A. LENSINK: The Community Development Fund, is that—

Ms COOK: No, the Charitable and Social Welfare Fund.

The Hon. J.M.A. LENSINK: Yes, that is the hypothecated thing. I will ask Nick Ashley if he can provide some detail about the funding through that program.

Mr ASHLEY: You are correct that there is an annual allocation of \$3 million. It did change from year to year.

The CHAIR: Mr Ashley, you are allowed to take your mask off for this.

Mr ASHLEY: There is an annual allocation of \$3 million, and of course the spend from year to year does change, depending on the focus. If you are referring specifically to last year, obviously the focus in 2021 was COVID, so there was about \$1.8 million of grants specifically in response to COVID-19 in the COVID rounds.

In terms of the main focus of other areas of spend you are right: it gives, I think, some highlights. An amount of \$843,000 went towards Good Shepherd microfinance to support ethical microfinance products. There was funding provided to Second Chances SA, in terms of their prisoners' kids and family care team, of \$172,000. There was some place-based community wellbeing partnership funding with the Fay Fuller Foundation of \$150,000.

There was then a range—I do not have the total number but quite a large number—of grants provided to community centres to help enhance their user experience. They were given individual grants of up to \$7,000. It looks like we have probably handed out maybe 20 or 30 of them. We also supported some youth-led COVID-19 grants as well.

Ms COOK: So I take it then that you are satisfied, minister, that the legislated amount of moneys has been allocated from that fund in the last 12 months?

Mr ASHLEY: Yes, the social welfare fund is an administered item within DHS accounts. As such, we have the annual amount of \$3 million. Anything that does not get spent is always subject to a year-in carryover process and approved and goes into the following allocation, so we always end up spending the full amount.

Ms COOK: The last grant round that was submitted and applied for ended in around February or thereabouts, I believe. When will you be distributing that money?

The Hon. J.M.A. LENSINK: I think I might have referred to that in one of my opening statements.

Ms COOK: Yes, just to confirm, thanks.

The Hon. J.M.A. LENSINK: I think they might be in my in-tray at the moment, actually. The 23rd of April is when it closed. It has 'urgent' on it, and if I was not here, I would be signing it right now.

Ms COOK: Very good. Thank you for that response. On the same lines, I am talking about the coordinating of this volunteering strategy and my questions relate to the pilot project, which the minister has confirmed to me in writing about, that will fund Northern Volunteering SA and Southern Volunteering SA and, sadly, Limestone Coast has had to close so they are not privy to any of this support. That is to support increased volunteering opportunities for young people. Minister, did you initiate this pilot program for youth volunteering and where did that money come from? What was the process of arriving at this sum of money for each of these organisations?

The Hon. J.M.A. LENSINK: I might ask Katherine Hawkins if she would like to respond to this particular question.

Ms HAWKINS: We recognise that there is an opportunity for us to further support young people in particular with regard to the volunteering sector. It also meets a need in our Youth Action plan, as you would probably be aware. We had a number of conversations with Southern and Northern Volunteering, which have been volunteer resource centres that we have had a longstanding relationship with. They were very keen to be part of a new pilot initiative to better support the engagement of young people in volunteering opportunities, both in the south and the north.

The allocation of funds of an additional \$75,000 for this financial year will go towards them engaging with VIOs in the southern and northern region. That reallocation of budget comes from our training grants line and we thought this was the best utilisation of the funding this financial year. I should also add that as this is a pilot we will obviously work very closely with Southern and Northern Volunteering over the next 11 months or so to monitor the outcomes of that to determine what the future of volunteering is going forward, especially in relation to the changing landscape of the commonwealth funding.

Ms COOK: In respect to this commonwealth funding, minister, have you made representation to your federal counterpart, because youth as a specific cohort is actually not represented in the new VMA funding arrangements? Given that you have acknowledged that there is a gap in the area and you are funding youth as a specific cohort, what about the other areas that miss out because of the new VMA federal arrangement, such as older people? Have you made representation and why would you not also look at making sure that they are targeted?

The Hon. J.M.A. LENSINK: I thought you might ask your question about what conversations I have had with the commonwealth and I was trying to remember and I did not have a chance to check the correspondence. It might have been changes to the carers funding or changes to the volunteering funding that I specifically wrote to Minister Ruston about, and I cannot remember which one it was, so I might need to get back to you about that.

We do have regular contact with the commonwealth, of course. My understanding of what they are seeking to do, which they have done as a national decision, is to reduce the number of organisations that they specifically fund, not reduce the total amount of money, but that the services should be—obviously, Volunteering SA&NT was the successful recipient of that funding and my understanding is that they have been negotiating with Northern and Southern Volunteering and those agreements have been reached. We are satisfied that the volunteering sector is working well together, and we have been putting in additional funding to assist them.

The CHAIR: With that answer, the time allocated for the examination of payments in relation to the portfolio of Volunteer Services has expired; therefore there are no further questions, and I declare the examination of the portfolio of Volunteer Services complete.

Ms COOK: I will do omnibus in youth, by the way, just so everyone knows and does not get anxious about it.

Departmental Advisers:

Mr M. Buchan, Chief Executive, SA Housing Authority.

Mr N. Symons, Chief Financial Officer, SA Housing Authority.

Ms B. Hollsworth, Executive Director, Strategy and Governance, SA Housing Authority.

The CHAIR: The next session for Estimates Committee B is in relation to the portfolios of the SA Housing Authority and affordable housing. The minister appearing is the Minister for Human Services. The estimate of payments are as identified earlier and I advise that those proposed payments remain open for examination. Minister, would you like to make an opening statement and introduce your advisers for us.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. I will introduce the staff that we have here from the South Australian Housing Authority. The chief executive is Mr Michael Buchan. We also have Belinda Hollsworth and Nicholas Symons.

Over the last 12 months, the Marshall Liberal government, through the South Australian Housing Authority, has made significant progress in delivering the housing and homelessness support strategy, Our Housing Future 2020 to 2030, reaching a number of milestones. We have introduced a number of new and innovative measures to address key housing-related issues, trying to think outside the square and look at national and global learnings to find ways to improve housing and homelessness responses in South Australia.

Most importantly, we are delivering real outcomes for our most vulnerable and existing tenants and low to moderate income South Australians. I am pleased to say that the Marshall Liberal government is supporting jobs and local businesses while we are increasing affordable housing opportunities. We have provided a \$21.4 million housing stimulus package to build 100 new homes, and I am delighted to announce that earlier this month all 100 homes have been built and sold. Seventy-one of these were sold as affordable homes, enabling buyers with moderate incomes, including first-home buyers, to get a foot in the door of home ownership in good suburban locations without having to compete with investors.

We are continuing to support the local economy for jobs for South Australians as we progress with our \$400 million commitment to deliver 1,000 new affordable homes by 2025, which is well underway. To ensure we are able to effectively connect low to moderate income South Australians with the increased supply of affordable housing, in February this year we launched HomeSeeker SA, which is an innovative website to help South Australians get into and maintain secure long-term housing.

The HomeSeeker website is a one-stop shop providing links to services and information to assist people, including homebuyers, to understand their housing options. Affordable homes are exclusively available to eligible buyers so that they do not need to compete with investors and are available from \$250,000, with more than 50 homes and blocks of land currently for sale. HomeSeeker will be an integral part of our affordable housing strategy moving forward as hundreds more homes become available, and I am very pleased that South Australians are getting behind this resource to get into their homes.

We have also invested in apprenticeships in housing-related jobs. The \$400 million affordable homes commitment coincides with a new \$5 million apprenticeships pilot program offering 250 social housing customers, women and Aboriginal Torres Strait Islander people, housing trade apprenticeships. The program will help reduce trade skills shortages by providing \$5,000 per year for each apprenticeship over four years, and apprentices will work on building sites, including government projects. As part of the state's 10-year housing strategy, the authority has committed to delivering up to 1,000 employment and training outcomes targeted to social housing customers, including people on the housing register.

We are also proud of the amount of funding in the maintenance and upgrades of our public housing. As we know, when we came to government our public housing system was in ruins. The former Labor government routinely cut housing maintenance as a budget savings measure, leaving a maintenance backlog in the hundreds of millions of dollars. This government has taken a very different approach.

Mr BROWN: Stock numbers up or down?

The CHAIR: Member for Playford!

Mr BROWN: Are they up or down?

The Hon. J.M.A. LENSINK: Do you want the answer on what happened on your watch?

Mr Brown interjecting:

The CHAIR: Member for Playford!

The Hon. J.M.A. LENSINK: It is all there; it is all there on record.

Mr Brown interjecting:

The Hon. J.M.A. LENSINK: They are one-quarter of what you did, one-quarter—

Mr Brown interjecting:

The CHAIR: Member for Playford!

The Hon. J.M.A. LENSINK: —which your Treasurer put in the forward estimates—

The CHAIR: Minister!

The Hon. J.M.A. LENSINK: —and we have reduced that to one-quarter of what you were selling.

Mr Brown interjecting:

The CHAIR: Minister and member, enough!

The Hon. J.M.A. LENSINK: The Marshall government has taken a very different approach.

The CHAIR: Minister, if you could just hold on for a second. This is not going to happen today where we will have interjections throughout this session. Members who are involved in the process will do so respectfully, waiting for the call should you wish to ask a question.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. Through various programs, we focus on preventative maintenance and upgrades, including to walk-up flat properties, which were in significant need of work. We have upgraded nearly 500 aged public housing properties through the \$21.1 million preventative maintenance and upgrade program, well above our original target of 450 properties. This includes three walk-up flat sites, 255 individual properties and 39 properties on Kangaroo Island.

We have made significant progress in 2021 with our \$75 million capital maintenance program, with interior and exterior upgrades to South Australian Housing Authority properties across the state. We have fast-tracked refurbishment and renovation works to 1,400 public housing properties by bringing forward \$10 million of the \$75 million capital maintenance program, whilst also providing an immediate economic stimulus in the COVID-19 environment.

Upgrades include security and energy efficiency improvements, kitchen and bathroom renovations, and relocations of laundries into individual properties for greater convenience for tenants. These upgrades were undertaken to improve amenity and extend the life of public housing properties, and they provided a further boost to the local building and maintenance industries.

The Marshall Liberal government is committed to reducing homelessness in South Australia. People with lived experience told us that the homelessness system was difficult to navigate and they were not getting the right support at the right time. Homelessness service providers and international experts told us there was a better way to organise and deliver services. We have listened to them and we have unashamedly undertaken the nation-leading reform necessary to support South Australia's most vulnerable.

The new homelessness alliances commenced operating on 1 July, reforming the homelessness services system in a way that better meets the needs of our state's most vulnerable and makes it easier to access support. The four regional alliances were selected through a comprehensive tender process, along with a statewide domestic and family violence alliance.

The alliances will provide services to address the complex and evolving needs of clients experiencing or at risk of homelessness across South Australia. The new model promotes collaboration between government and the housing and homelessness sector, linking services together and combining experience, skills, resources and specialist services to improve client outcomes.

A key focus is on early intervention and prevention to stop people falling into and repeatedly cycling through the homelessness system. Client transition has been a priority, with the South Australian Housing Authority working with all providers to support the transition. A number of agreements have been reached with some of the unsuccessful organisations to support the shift to the new model, and I have received reports that clients have been well supported through this process.

In the face of the COVID-19 pandemic, we have responded swiftly to accommodate people experiencing homelessness, particularly rough sleepers. During the most recent seven-day lockdown, we provided short-term hotel/motel accommodation for people experiencing homelessness and domestic and family violence to ensure they were able to comply with SA Health directions during the lockdown.

In the lead-up to and during this lockdown, there has been a high level of coordination undertaken with and between the newly operating homelessness alliances. The alliances have provided valuable wraparound supports to people in emergency accommodation during this time, helping our most vulnerable to stay safe. Support will continue through normal services, and the Housing Authority will work with the alliances to provide assistance to those ready to engage with services to help them into the most appropriate housing outcome.

We know that not all clients have the skills to be successful in independent housing, and that is why we have launched a new program with SA Health to provide specialist accommodation to help

South Australians who have experienced extended periods of rough sleeping due to complex needs and behaviours. The new program is delivering safe, short-term accommodation with 24/7 onsite support aimed at helping clients transition into and maintain longer term housing.

In May this year, we launch the state's first standalone South Australian Aboriginal Housing Authority to be delivered over the next 10 years. The Aboriginal Housing Strategy sits alongside Our Housing Future, and we will leverage its commitments to ensure that the interests of Aboriginal people in South Australia are met. Following extensive consultation undertaken with Aboriginal communities across the state, the Aboriginal Housing Strategy has been informed by Aboriginal voices and represents the needs and aspirations of Aboriginal South Australians.

The Aboriginal Housing Strategy includes solutions to improve housing outcomes for Aboriginal people across the full housing continuum from crisis services through to affordable housing and home ownership opportunities. I would like to take this opportunity to thank the Aboriginal advisory committee, the South Australian Housing Trust Board and members of Aboriginal communities, who have generously shared their time, knowledge and lived experience to develop it.

The CHAIR: Lead speaker for the opposition, did you wish to make an opening statement?

Ms COOK: No, thank you. I will go straight to questions. I refer to Budget Paper 3, page 76, Neighbourhood Renewal Initiative. I refer to table 5, capital investment programs. Can the minister advise specifically how many Housing SA properties originally existed in the Felixstow Renewal SA site and what percentage is being developed in the current proposal under that project?

The Hon. J.M.A. LENSINK: I thank the honourable member for her question. We have the Neighbourhood Renewal Initiative, which includes Felixstow, Blair Athol, Woodville Gardens and Seaton. The total inputs from that is 101 properties. It will result in 146 social housing outcomes. In addition, there will be 268 affordable housing outcomes and, on top of that, market sales of 223, so that will be a total of 637. So the inputs go from 101 to 146. In relation to Felixstow, that is land that was vacant—I am advised the properties were demolished in the order of five years ago—and that will result in 25 new social housing properties.

Ms COOK: Prior to demolishing that property, which was not actually five years ago—it was a bit less than that, I think—how many public housing properties were there on there?

The Hon. J.M.A. LENSINK: I do not have that information. It probably took place before I was minister so I do not have that information.

Ms COOK: Is the calculation of increase or decrease or whatever in terms of this renewal project predicated on the fact that there are zero public housing properties on there and you completely disregard the fact that there were dozens and dozens of public housing properties on that block of land before?

The Hon. J.M.A. LENSINK: That your government demolished?

Ms COOK: That is not the question.

The Hon. J.M.A. LENSINK: Well, that is the answer.

Ms COOK: Okay, fine.

The CHAIR: Member for Hurtle Vale, the minister—

Members interjecting:

Ms COOK: Seriously, all of you, one, two, three crows, you are a joke. Just quieten down and let me ask questions. You are disrespectful.

The CHAIR: Member for Hurtle Vale, that is out of order.

Ms COOK: And this is not? The guffawing and the laughter is not?

The CHAIR: Excuse me, there were noises coming from both sides of the chamber. The minister is entitled to answer the question as she sees fit without interruption.

Ms COOK: That is fine, I will move on. No problems. Minister, are the numbers of social housing public housing properties now fewer than they were in March 2018?

The Hon. J.M.A. LENSINK: I do love it when you guys ask me these questions.

Mr WHETSTONE: Star Chamber.

Ms COOK: What are you?

The CHAIR: Member for Chaffey!

Ms COOK: What are you?

The CHAIR: The member for Hurtle Vale will not respond to comments. The member for Chaffey will not make interjections.

Ms COOK: Such an uneducated rabble.

Mr WHETSTONE: Sticks and stones.

Ms COOK: Mate, you need to cut it out.

The CHAIR: Member for Hurtle Vale!

The Hon. J.M.A. LENSINK: I will ask the CE if he could respond to this. I will also see if I have any information which is outside the budget things because I do like to carry some of these things with me at all times.

Mr BUCHAN: Unfortunately, we do not have the numbers with us at the moment. They are publicly available in our annual reports. What we do have is the asset movement that has taken place over the previous 12 months. What we have in that situation at the moment is an adjustment of asset in total of 411 properties during the financial year. So the closing balance of social housing at the end of this particular reporting period is 33,726 and it has reduced by 411. Sorry, that is public housing. That figure that I have just referred to is related to public housing, the stock that we own and manage ourselves. The reduction of some 411 properties has taken place in the following sort of simple breakdown.

Approximately 300 properties have been transferred to the community housing sector during the period. We had another 130 or 140 properties that were sold during the period as part of the development programs that we have running and also to deal with some of the viability sales that remain within the budget process.

For the net adjustment, we can provide the sort of detailed breakdown to each one of these different levels, but these were offset to a large extent by the 170 new properties that have been constructed as well as 30 properties that have come from the community housing sector back to the Housing Authority as part of broader renewal programs where assets are exchanged back and forth between the community housing sector and the public housing sector more broadly.

Ms COOK: Continuing, with money getting brought forward in the budget, what happens in future years when that money has already been spent?

The Hon. J.M.A. LENSINK: Sorry, I do not think I understand the question.

Ms COOK: If you bring money forward from forward estimates, which you talk about—you have brought money forward—what happens in the future when you need money to spend, when you have already taken the money out of the forward estimates and brought it forward for spending now?

The Hon. J.M.A. LENSINK: It depends on the program. It is such a large organisation that there is a lot of money that goes in and out. For example, with the affordable homes program that I talked about in my opening statement, there is a lot of money that comes into the organisation as well, which I think we estimated at the start of the process we had netted out at the end. There is a lot of money that goes in and out of the organisation. We can talk to some more specific details if you want to ask a more specific question.

Ms COOK: With respect to maintenance backlog or liability, what was that when you were elected and what is it today?

The Hon. J.M.A. LENSINK: I have spoken about this before. I have probably bored your Legislative Council colleagues endlessly about some of the things that I have repeated because I think they do bear repeating. I think it was the Auditor-General who belled the cat in, it might have been, 2017. It estimated that there was up to \$700 million of maintenance liability under the former Labor government.

We have obviously had the asset inspection program and, in the meantime, we have also been working through a range of upgrades to properties by bringing forward maintenance spend because there were quite a lot of properties that really needed to have works done to them, which included kitchens and the like, as well as things that are much more urgent, such as replacing a roof. Sorry, what was your question?

Ms COOK: What are the numbers? You can put a number on money and numbers of backlog and liability, which gets applied in the department. What was it when you took government compared to what it is now?

Mr BUCHAN: The question of liability associated with public housing is to some degree very difficult to answer on its face because it calls into question the nature of the asset strategy that is going to be deployed for the management of those assets. What we have done is work through an evaluation of all of the stock that we have within our portfolio, taking into consideration the renewal programs that we have been running over the last couple of years, dealing with the specifics associated with the individual maintenance liabilities that are in place with each of the individual dwellings.

The asset inspection process undertook an evaluation of around about 30,000 properties. The 30,000 properties were then rated against a standard of being really good down to poor, and each of the individual attributes in all of those properties were evaluated by, essentially, an independent expert, a consultant who went through and did that work.

They then provided a report back to us, looking at each of the individual properties. They considered any emergency or urgent maintenance that needed to be undertaken immediately, and that was undertaken during the course of the evaluation. Essentially, as they went to a property, if they saw something in the property that they wanted us to deal with immediately, we got on with dealing with that immediately. We spent in the order of \$4.7 million to undertake that immediate maintenance over the last couple of years, as the properties have been identified.

We have now completed the evaluation of the entire portfolio. What they have provided us with is essentially a ranking of our entire stock portfolio in terms of its suitability, where it fits in terms of those accommodation standards, from good through to poor. What we have done now is create an assessment of that, which takes into consideration a couple of things: just undertaking an audit, looking at what needs to be spent on all of those properties to bring them up to a standard that we are comfortable with to extend the life of the property, etc.

We are also looking at that through a second process, which is that there are some properties where the maintenance liability does not justify the capital spend, so we would sell those properties and use the funds that we generate from that to invest in new properties. The current estimate that we are operating with internally is approximately \$300 million in terms of a full book of maintenance.

However, we will probably manage the way that is spent by essentially making decisions about some properties that we would not undertake maintenance on; we will trade our way out of it, remove the liability from the public housing system and use the proceeds from that to acquire new properties.

As members probably are aware, much of the stock is ageing now. Commonly, the value in the public housing system is in the land held within some of those houses, because the houses are not providing the utility. The income that would be generated from those sales would be reinvested in replacing the stock that is lost through that process.

We are really interested in having a far more dynamic asset management plan. So rather than assuming that we are going to maintain and hold the existing portfolio as is, in its existing style, we would assess that against what the customer need is, because obviously the customer need has changed over the period, with far more complex clients, often needing more robust housing that is also more accessible, and therefore have a much greater accessibility for more customers as part of our process.

With all those things it is difficult to sit and say that there is a fixed liability of a certain amount, but rather we have an assessment of our existing asset portfolios which says that we could spend the following amount on these properties. We need to offset that against our longer term asset strategy plan: where do we need assets, who do we need to house as part of that process and what is the appropriate typology of those properties.

Ms COOK: On notice, can you provide a breakdown and reconcile the original and current number?

The CHAIR: Member for Hurtle Vale, I just make clear that the minister decides whether a question is taken on notice; you do not provide that direction to her.

Ms COOK: Minister, can you provide evidence of that reconciliation of the difference? I recall in opposition you talked \$400 million, now we are hearing \$300 million. How has that occurred? Are you able to provide a reconciled breakdown to show the difference between what your numbers were and what they are now?

The Hon. J.M.A. LENSINK: I think the \$700,000 was independently done, so that was an estimate perform based on a sample of stock. It is not actually comparing apples with apples in some ways. The other factor is that it is a portfolio of 33,000 to 34,000 properties: some are no longer there, some are new, it is quite a moving feast.

Ms COOK: I refer to Budget Paper 3, page 79. You talked about ceilings needing to be fixed. Can you advise whether there is a plan to replace ceilings in public housing in Hectorville, and will the residents of Hectorville in this particular area be told details, or are you working on an assumption that they might catch some information in the public sphere?

The CHAIR: Member for Hurtle Vale, page 79 is the contents page.

Ms COOK: Expenditure line for public housing, capital maintenance.

The CHAIR: Budget Paper 4, Volume 3, page 79?

Ms COOK: Budget Paper 3, page 79—sorry, 4.3 it would be.

The CHAIR: Page 79 is the contents page.

Ms COOK: Sorry, my apologies, I will find it, no problem at all.

Mr WHETSTONE: Uh-oh!

Ms COOK: Oh, don't be stupid—you are ridiculous. You do not have a diagnosed Tourette's issue—you need to stop making noises.

The CHAIR: The member has an opportunity to correctly reference her question.

Ms COOK: At page 79, it would be Budget Paper 3, the Budget Statement. We are talking about maintenance within there.

The CHAIR: Budget Paper 3—there is the confusion.

Ms COOK: Budget Paper 3, page 79.

The CHAIR: Correct. You originally said Budget Paper 4, Volume 3.

Ms COOK: I do not believe I did, but anyway, no problem.

The CHAIR: Quite okay, continue.

Ms COOK: Uh-oh!

Mr WHETSTONE: You are a class act.

Ms COOK: Oh, mate!

The CHAIR: Please, members, it is not necessary to interject.

The Hon. J.M.A. LENSINK: We do, from memory, have properties at Hectorville. The framing of the honourable member's question makes it sound like there is a particular program in Hectorville. My understanding of any of the issues in terms of maintenance would be that it would be on a case-by-case basis, unless these were the ones where they had the wrong ceiling plasterboard installed. I am advised that if it is a matter of the ceiling needing to be replaced then the ceiling needs to be replaced, but we can try to get some more information. I am sure that, if there is an issue, the regional office specific to Hectorville will be able to advise us.

Ms COOK: When you do, can you advise how many residents are impacted, what formal notification they received regarding impact and how that decision for the work was made? I will provide you with a little bit more of a question: why was the Levi Caravan Park suggested for these residents to move into? They were asked to pack up all their gear to be ready to move out in the middle of winter during the pandemic in order to have this work done but were not provided with any formal information about when that would be or how long that would take. They just had to sit on their belongings, all packed up and ready to go. Is that appropriate?

The Hon. J.M.A. LENSINK: I am not aware of what the honourable member is talking about, but we will certainly contact the local office and see what information we can find.

Ms COOK: Okay, thank you. I refer to Budget Paper 3, page 79 again, regarding the statement that SAHA provides social housing options and homelessness services. In regard to the early intervention fund, can the minister advise how much of the budget has now been allocated and distributed to non-government organisations that were successful in the first round and whether or not all those projects will be completed?

The Hon. J.M.A. LENSINK: As part of Our Housing Future 2020-2030, a \$20 million fund was established to trial new responses that shift the emphasis towards stopping people from entering homelessness and breaking cycles of homelessness, rather than focusing on responses to crisis events. The first round that was allocated was \$6 million.

Following a competitive tender process, the proposal submitted by Kids Under Cover for the installation of studios to prevent youth homelessness was awarded funding of \$2.4 million. Kids Under Cover build one or two-bedroom studios with a bathroom in the backyards of homes to assist carers in need of more room to accommodate young people in their care. The studios provide a stable space for a young person to grow and study while keeping them connected to their family and reducing the risk of them being forced to leave home prematurely.

The South Australian Housing Authority is currently exploring options for the allocation of the remaining funds and looks forward to offering further opportunities to support further homelessness prevention in the near future.

Ms COOK: What happened to the funding committed to UnitingCare Wesley Bowden, Junction and Kornar Winmil Yunti?

The Hon. J.M.A. LENSINK: UCWB, Junction Australia and KQY have formally withdrawn their submission from the Homelessness Prevention Fund.

Ms COOK: Minister, was this as a result of the reforms in the homelessness sector, and what have you done to reallocate that funding so that people who are homeless can benefit from it, given that there was a \$20 million pool announced well over a year ago and there is now only \$2 million or thereabouts allocated?

The Hon. J.M.A. LENSINK: 2.4.

Ms COOK: Sorry, 2.4.

The Hon. J.M.A. LENSINK: It was their decision. I am not aware what the reasons for it were, because it was their decision to do so.

Ms COOK: Sorry, the rest of the question: what have you done to reallocate that money?

The Hon. J.M.A. LENSINK: We will be looking forward to doing a new announcement in the future.

Ms COOK: To be clear, the \$20 million pool of money is available and set aside, is it, within the budget?

The Hon. J.M.A. LENSINK: Correct.

Ms COOK: If I could just pop back to the ceilings—page 79 in Budget Paper 3. I am advised that your CEO signed a letter to these tenants.

The Hon. J.M.A. LENSINK: I am sure he signs a lot of letters. I am not sure whether he uses an electronic signature or not. I will indicate for the record that he is nodding. We have undertaken that we will get further information on that particular issue.

Ms COOK: Thank you very much. Same line, same paper. Minister, how many of the units that were left vacant because of the premature movement of people out of their properties at Hove have been retenanted since the decision was made to not build the Hove overpass?

The Hon. J.M.A. LENSINK: In terms of the Hove residents, I am advised that all of the tenants who were at the Hove site have been contacted and offered the opportunity to return to their old property. My advice is that all seven relocated tenants have elected not to return—to stay in their new property—and two of the seven remaining Hove tenants are still taking up the option to relocate. It seems that Hove is not the place to be anymore. In the meantime, the vacant properties will have some minor vacancy maintenance completed before being reoffered to tenants—so a bit of a spruce up before we have new tenants in, if you like.

Ms COOK: Has any work at all been done on the Hove site since the tenants have moved out?

Mr BUCHAN: At this point in time we have not started maintenance on the properties, because it is at a group site. What we wanted to do is establish what the movement from the tenants was, because we were keen to ensure that the tenants had the choice in terms of returning to the property or not. We have confirmation in terms of the tenants who do not want to, obviously, return. We also have confirmation that additional tenants wish to leave. Because of the nature of the property what we would like to do is wait for that movement of tenants to finalise so we can come in as part of one action and essentially undertake the maintenance across all of the vacant properties so that we minimise the disruption for the existing tenants who are staying.

Ms COOK: In respect of the same budget paper, the money you have allocated and spoken about regarding the \$75 million where \$10 million was brought forward, how much of the maintenance money, including your \$130 million per year, has been spent in the past 12 months? How much in total?

The Hon. J.M.A. LENSINK: Are you asking how much of the—

Ms COOK: Total. All of it.

The Hon. J.M.A. LENSINK: —standard annual maintenance budget for 2020-21? Is that the question?

Ms COOK: Yes, all up, what has been spent out of all of those buckets?

The Hon. J.M.A. LENSINK: Oh gosh, how long is a piece of string?

Mr BUCHAN: The expenditure of maintenance this year has been accelerated broadly for a number of reasons. Obviously, as part of a stimulus measure for the sector, we started the program but also to ensure that we were starting to address the asset condition that was being identified as part of the backlog maintenance survey that we had undertaken. So the expenditure—and these figures are yet to be finalised, because we have not completed our financial statements, so they are estimate at this stage.

In the annual program we have spent approximately \$101.3 million in recurrent and \$13.9 million in capital, making a total \$115.2 million. We have then gone on to spend an additional capital maintenance—so this is the accelerated money, when you talk to the \$75 million, which was brought forward. At this stage, we estimate we have spent in the order of \$9.6 million during the period.

The housing stimulus expenditure during the period, which was referred to being fully expended previously, involves two parts: one was walk-up flats, and we have spent approximately \$7 million, and housing stimulus preventative maintenance, which was the 450 properties that we were targeting working on, was \$10.4 million. We also went and upgraded the Holbrooks facility, which is a facility that has been developed as part of the new homelessness initiative, which we are working on with Health to provide an outcome for people who are leaving.

Quite often, it was learning out of the CEARS program, where we had people who fell into homelessness who went in and we captured and put in hotel/motel who then went back into homelessness as part of the exit out of the COVID lockdown the first time around. We identified that we needed some specialist accommodation that we wanted to trial to ensure that people were able to stay within the housing system. As a result of that, we spent approximately half a million dollars with a capital upgrade for independent living at Holbrooks.

In total, of those one-off programs, we spent approximately \$27.5 million, with the total maintenance spend for the period being \$142.7 million.

Ms COOK: Budget Paper 3, page 79 still, but moving on to more of the homelessness issues. Minister, with regard to the current people sleeping rough in the CBD, those numbers are published usually around the middle of the month on the Zero Project dashboard. Why are they not there for the 30 June end of month?

The Hon. J.M.A. LENSINK: I am not sure I can answer that because we do not run that project, it is independently managed. They are not published by the South Australian Housing Authority, although the South Australian Housing Authority would participate in some of the strategic management groups. I am just trying to think of what their governance structure is. I thought it had shifted to the University of SA. The University of South Australia is providing the backbone and there are a number of committees or steering groups and those sorts of things associated with the Adelaide Zero Project, but the government does not publish those figures—that is a matter for them.

Ms COOK: In respect to the transition to the alliance model, can the minister advise if the new south CBD alliance is fully staffed and delivering a full suite of programs now that the other previous programs have been completed at the end of June?

The Hon. J.M.A. LENSINK: My understanding is they are still recruiting for some positions. I think we need to take our hat off to people working in the homelessness sector, particularly last year but also through the most recent lockdown. They swung into action at pretty short notice and did an amazing job of providing services to people who were experiencing homelessness. We are really proud of the fact that we have managed to provide support services into the current hotel program for quite a significant number of people, and those people continue to be supported at the moment. Our goal is to assist them into more permanent situations.

Ms COOK: Has anybody at all put representation to you to express concern regarding the short transition time for changeover between one to another methodology, particularly in the south CBD area because of the fact that there was such a big upheaval?

The Hon. J.M.A. LENSINK: Are you talking now about the COVID situation or are you talking about switch to the alliance?

Ms COOK: The latter.

The Hon. J.M.A. LENSINK: I think there had been some concerns in the sector about the magnitude of the changes to what we were doing. I think, all things considered, it has actually gone very smoothly. I am not, of course, in direct day-to-day contact with providers but they know how to find me if they want to tell me anything, particularly Ian Cox, who is well known to a lot of people, who runs the office of homelessness reform and who has been in regular contact with a range of providers throughout the process to support them, as has the team that works with him within SAHA.

It is worth remembering that there were transition plans that were put in place. As part of the tender, all the proponents were required to submit transition plans. At contract award, transition commenced well ahead of 1 July, with regular meetings with outgoing and incoming service providers in constructive handover meetings. Minimal service transition was required for the other alliances, that being country north and country south, with the exception of an assertive outreach service for the Riverland, Adelaide north and the domestic and family violence alliance.

The Adelaide south region has undergone substantial transition of services, with various arrangements in place to mitigate risk, including the subcontracting of some existing providers to ensure continuity of services for clients during the transition period. The Toward Home Alliance efficiently progressed their recruitment and training processes, which has positioned them well, and I am advised that all services are operational.

Ms COOK: Did the transition plan include not being fully operational a month after starting?

The CHAIR: Member for Hurtle Vale, with the conclusion of that answer the time for examination of payments in relation to the portfolios of Housing Authority and affordable housing has expired; therefore, there are no further questions. Other avenues are available to the member should she wish to submit them. I declare the examination of the portfolios of Housing Authority and affordable housing completed.

Membership:

Ms Hildyard substituted for Mr Brown.

Ms Wortley substituted for Ms Michaels.

Departmental Advisers:

Ms L. Boswell, Chief Executive, Department of Human Services.

Mr N. Ashley, Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms K. Biggins, Acting Executive Director, Community Investment and Support, Department of Human Services.

Ms S. Vas Dev, Director, Office for Women, Community and Family Services, Department of Human Services.

The CHAIR: The next session is for 30 minutes and will examine the proposed payments in relation to the portfolio of the Office for Women. The minister appearing is the Minister for Human Services. The estimate of payments and administered items are as referred to earlier for the Department of Human Services. I advise that the proposed payments remain open for examination and I call on the minister to make an opening statement in regard to this portfolio, should she wish, and to introduce her advisers.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. We have met a number of the officers before. We have a new addition, Sanjuga Vas Dev, who is the Director of the Office for Women, Community and Family Services.

The past year and a half has been challenging for us all; however, for some one of the effects of staying at home— isolation, job loss and uncertainty—was an increased risk of domestic and family violence. During the height of the pandemic, South Australia saw an increase in contacts with domestic violence services of up to 50 per cent, an increase in demand for emergency placements of up to 66 per cent, and an increase in requests for specialist service support.

This increase in contacts and demand was experienced throughout Australia and has been reflected in multiple studies by organisations such as the Australian National Research Organisation for Women's Safety (ANROWS) and the Australian Institute of Criminology. In response to the increased demand for services, the Australian government provided funding to all jurisdictions to

boost domestic and family violence responses under the National Partnership on COVID-19 Domestic and Family Violence Responses.

South Australia was provided with approximately \$9.7 million in funding over the 2019-20 and 2020-21 financial years to respond to this crisis. Allocation of the national funding during 2021 has included continuation of individual safety and support packages, which increase the safety of women by providing them with funds to support them and their children to escape violence by allowing immediate expenses to be paid and immediate needs to be fulfilled.

The national funding has also included provision of specialist financial planning and counselling programs to women who have escaped, or are escaping, domestic violence. These programs support women to become financially independent and empowered to meet their own financial needs.

The funding has also allowed fast-tracking of the establishment of additional safety hubs in regional South Australia and communities and continuation of perpetrator interventions, including Don't Become That Man and interventions through the Youth Justice KIND program, which have provided early intervention for people concerned about their use of abusive behaviours or those people who have not yet been in contact with the criminal justice system.

Also funded are additional rounds of the Break the Cycle campaign, raising awareness of domestic, family and sexual violence throughout South Australia; the establishment of the safe and secure housing program, supporting victims of domestic, family and sexual violence to find mid to long-term housing and exit crisis accommodation; and the establishment of the Safe and Well kids program to support children and young people experiencing domestic and family violence through trauma-informed counselling and case management.

The funding also includes development of a trauma-responsive case management model designed specifically for Aboriginal children experiencing domestic and family violence and funding for the Parklands response for Aboriginal women and children experiencing domestic, family and sexual violence and sleeping rough in the Parklands, providing passage to secure accommodation or return to their home country, if that is preferred and it is safe.

Alongside the initiatives funded under the national partnership, we continue to make significant progress towards priorities set out in the national plan to reduce domestic and family violence against women and their children, with South Australia committing to and progressing 17 initiatives across the five national priority areas outlined in the fourth action plan. The initiatives under the fourth action plan of the national plan committed to by South Australia include establishing safety hubs, developing a statewide perpetrator response and delivering the Workplace Equality and Respect project, which was successfully finalised in 2020-21.

Throughout 2021, we have focused on implementing early intervention initiatives with perpetrators of domestic, family and sexual violence, and actioning commitments in Committed to Safety, the South Australian government's framework for addressing domestic, family and sexual violence. We have committed \$400,000 per year to the Statewide Perpetrator Response, which has been allocated to No to Violence after an extensive tender process.

A specialised telephone service commencing on 1 July 2021 offers confidential assistance and referral pathways for perpetrators of domestic and family violence, advice and workforce development opportunities for frontline workers, improved connections and information sharing between services and information referral options for relatives, friends and victims.

The Marshall Liberal government is committed to investing in continuing valuable services that have been established in South Australia, with an additional \$500,000 to continue the Domestic Violence Disclosure Scheme in an ongoing capacity and \$100,000 to continue the successful personal protection app provided to women at high risk of experiencing domestic and family violence.

In 2021-22, the government will launch the women's leadership and economic security strategy. The effect of the pandemic has meant this strategy has a stronger focus on women's economic security and financial wellbeing. Employment is a key factor in building economic security for women. It is important to recognise and address the effect of the pandemic on women's employment in South Australia.

The South Australian female unemployment rate peaked at 9 per cent in June 2020. Since that time, the rate of unemployment has decreased to 5.7 per cent, with a corresponding increase in the female labour force participation rate and rates of underemployment for women in South Australia outperforming the national female underemployment recovery.

As part of the consultation and development of the strategy, in March this year the Office for Women hosted a leadership and economic status round table to help further inform the framework, which will empower women to fully participate in our community and economy. I look forward to releasing this strategy soon and continuing to work with our business and non-government sectors to deliver meaningful change for not just women but all South Australians.

The CHAIR: I assume the lead speaker for the opposition is the member for Reynell. Do you wish to make an opening statement?

Ms HILDYARD: No.

The CHAIR: There being no opening statement from the lead speaker, I call for questions.

Ms HILDYARD: Thank you, Chair. I refer to Budget Paper 4, Volume 3, page 90. Why is there a 21 per cent decrease in expenditure on staffing from last year to this year?

The Hon. J.M.A. LENSINK: It is to do with the national partnership. I will ask the acting director to respond.

Ms VAS DEV: In response to your question, the FTE decrease between the 2020-21 budget and the 2021-22 budget is mainly due to time-limited funding from the Attorney-General in 2020-21 for the Family Safety Framework.

Ms HILDYARD: Why has there been a decrease in expenditure on staffing from 2019-20 compared with this year?

The Hon. J.M.A. LENSINK: That is not correct, though.

Ms HILDYARD: Pardon?

The Hon. J.M.A. LENSINK: So 2019-20?

The CHAIR: Questions are to be directed to the minister, as we have done. The minister has sought clarification, member for Reynell.

The Hon. J.M.A. LENSINK: Sorry, are you talking about 2019-20 to 2020-21?

Ms HILDYARD: I heard the answer and there was an explanation that there was additional funding from Attorney-General—

The Hon. J.M.A. LENSINK: Which financial years are you talking about now?

Ms HILDYARD: So 2019-20 compared with this financial year.

The Hon. J.M.A. LENSINK: Or last?

Ms HILDYARD: No, that was the first question that I asked. Now I am asking about the year before, because your answer detailing money from the Attorney-General, I guess, does not hold unless that money was also there in 2019-20. So there is a decrease even if when you take that out, and I am asking why. There has been a decrease in staffing.

The Hon. J.M.A. LENSINK: There is both time-limited funding that is contained within the prior financial years.

Ms VAS DEV: In 2019-20 and 2020-21, the funding was to administer commonwealth funding for the National Partnership on COVID-19 Domestic and Family Violence Responses.

Ms HILDYARD: Can I just clarify something, if that is okay?

The CHAIR: If the minister has concluded her answer.

Ms HILDYARD: I just have a point of clarification, if that is okay. I think it might be helpful. I do not understand, because the national partnership only started in 2020-21, so I am not quite sure how it would relate to 2019-20.

The Hon. J.M.A. LENSINK: Just to clarify, with regard to the national partnership funding, there was funding that came in in 2019-20.

Ms HILDYARD: Minister, that accounts for the decrease in staffing in entirety?

The Hon. J.M.A. LENSINK: Yes, there is that and the AGD program.

Ms VAS DEV: They are both time-limited funding, and so staff were brought in to administer the national partnership, and so there will be a decline.

Ms HILDYARD: Minister, can you guarantee that no positions have been cut that do not relate to the national partnership funding?

The Hon. J.M.A. LENSINK: Yes.

Ms HILDYARD: I move now to page 89 and particularly to the highlights section. Exactly, minister, what financial commitment was made to hubs in 2020-21?

The Hon. J.M.A. LENSINK: In the last financial year; is that what you are asking?

Ms HILDYARD: Yes.

The Hon. J.M.A. LENSINK: In 2021, funding of \$40,000 was allocated to the Port Lincoln hub. For Port Pirie there was \$36,318; Whyalla, \$24,030; Mount Gambier, \$45,579; and the Fleurieu Peninsula at Goolwa, \$40,000.

Ms HILDYARD: Minister, exactly what financial commitment has been made for the establishment of safety hubs in this budget?

Ms VAS DEV: Grant funding was provided in one-off payments to services to support the cost of establishing safety hubs. Between June 2020 and June 2021 two FTEs were funded through the national partnership, the COVID funding, to fast-track safety hubs in Mount Gambier, Whyalla, Port Pirie, Port Lincoln and Goolwa.

Ms HILDYARD: Sorry, that was the last question. This one is for this financial year 2021-22.

The CHAIR: Member for Reynell, if you could just let the minister conclude her answer.

Ms HILDYARD: I just thought that might help.

The Hon. J.M.A. LENSINK: It is on an as needs basis as the locations are identified and the sites are scoped. There is a variety of different models. For instance, the one in Mount Gambier is in the library and the one in Port Augusta is co-located with KWY's services. There has been some project officer support to assist but there is also making one of the rooms at that site safe, providing computer access and those sorts of things, so it does vary depending on the model.

Ms HILDYARD: Just to clarify, minister, is there any financial commitment in this year's budget for the establishment of hubs, which is one of your targets for the financial year?

The Hon. J.M.A. LENSINK: They are pretty cost-effective, so when we identify sites we are usually able to find funding without too much trouble.

Ms HILDYARD: But there is nothing currently allocated?

The Hon. J.M.A. LENSINK: I would not say that. We have a broad budget.

Ms HILDYARD: So where—

The CHAIR: The member for Reynell, please let the minister conclude her answer.

The Hon. J.M.A. LENSINK: There are a whole lot of things that you will not find in the budget that are there because they are aggregated amounts of money.

Ms HILDYARD: Minister, will a hub be funded this year for outer southern Adelaide?

The Hon. J.M.A. LENSINK: In relation to the safety hub in the south, which I assume is what the honourable member is referring to, the department has been consulting with organisations in that region and has spoken to them in relation to a particular model. I understand some of the community would prefer a different model. We continue to be open to discussions with those organisations in relation to the establishment of a safety hub.

Ms HILDYARD: What steps have you taken to investigate the call for a funded hub from the southern community following the tabling of a petition to parliament by more than 3,300 people?

The Hon. J.M.A. LENSINK: I guess one of the underlying questions in all of this is if women think that services are not available for them they might not seek help. Would you agree?

Ms HILDYARD: Sorry?

The CHAIR: Minister, unfortunately with this process questions are not directed to members of the committee. It works the other way around.

The Hon. J.M.A. LENSINK: I am aware that the member for Reynell in particular has been running a campaign which has resulted in women in the south believing that services are not available for women who are experiencing domestic and family violence. My view is that that can lead to women not seeking assistance, and it is therefore dangerous.

Ms HILDYARD: Minister, how do you think the many community members, organisations and collaborations feel about the lack of a response and, indeed, the comment that you just made?

The Hon. J.M.A. LENSINK: There are a number of services in the south for women who are experiencing domestic and family violence. They include Women's Safety Services at Morphett Vale, they include the Aldinga Beach Children's Centre, they include the Shark Cage Group. They include a number of services, and yet I have received correspondence from people that indicates to me that they think there are no services for women experiencing domestic violence in the south, which I can attribute, I assume, to the actions of the member for Reynell.

Ms HILDYARD: Are you suggesting that there is a lack of concern from community members or from particular organisations in the south about the need for a funded prevention hub in the south?

The Hon. J.M.A. LENSINK: No, I did not say that at all. I just said that your campaign has given people the impression that there are no services for women who need them in the south, and that is dangerous.

Ms HILDYARD: If a woman in outer southern Adelaide is looking for face-to-face support when she is either experiencing or at risk of experiencing domestic violence but does not require crisis accommodation, where would she go for specialist counselling, therapy, support?

The Hon. J.M.A. LENSINK: In the first instance, Women's Safety Services is the primary provider for those sorts of services for women across the metropolitan area.

Ms HILDYARD: So services beyond crisis accommodation?

The CHAIR: Member for Reynell, the minister has not completed her answer.

Ms HILDYARD: Is that Morphett Vale—

The CHAIR: The member for Reynell, the minister will be heard in silence.

The Hon. J.M.A. LENSINK: They provide a diverse range of services, including the ones that you have mentioned.

Ms HILDYARD: Can I clarify, then, that women in the south, who are at risk of experiencing domestic violence, can attend Women's Safety Services at Morphett Vale?

The Hon. J.M.A. LENSINK: Women's Safety Services provides a range of services for women in the south, as do a number of other providers.

Ms HILDYARD: Women's Safety Services, can I just say, do an absolutely fantastic job in the south. I talk with them very regularly. My understanding is that they provide crisis accommodation

and support. If I am wrong, please let me know, but my understanding is that for a woman who is not requiring crisis accommodation but, rather, is looking for specialist counselling, etc., that service is not specifically available at that Morphett Vale site. If I am wrong, please let me know.

The Hon. J.M.A. LENSINK: I could not tell you precisely whether they offer counselling at that site. The reason why safety hubs have been important for women in regional South Australia is because of the tyranny of distance. That is the reason why we have established them in regional South Australia in the first instance. There is a robust set of services that operate across the metropolitan area, and Women's Safety Services is the primary provider of those. There are others as well. We can dig into our records and find you a list. I have already provided a list, which I think you are aware of, to the community organisations. There are also services in addition to that list.

Ms HILDYARD: Do you think that the call from women and organisations in the southern community for a funded domestic violence prevention hub is valid?

The Hon. J.M.A. LENSINK: We would love to fund more services all the time across the state. We have a particular community model, which is operating incredibly successfully in regional South Australia, for which we train up Women's Information Service volunteers, and they have been assisting people. That is the sort of service that is being offered for the southern region. We remain open to negotiating with communities to advance that.

Ms HILDYARD: My questions now relate to the first sentence in the explanation of significant movement section on page 90. Minister, has your government delivered on each of the outputs set out in the national partnership agreement, and specifically can you guarantee that your government has delivered on the output requiring your government to ensure safer housing options for women experiencing domestic violence?

The Hon. J.M.A. LENSINK: The honourable member would be aware of our commitment to expand the crisis beds, and we have delivered on those, which was an election commitment that we have provided. In addition, we provided funding through the safe and secure housing program of \$1.754 million from round 4, 2020-21. Can you clarify the question?

Ms HILDYARD: In the national partnership agreement there are a series of outputs you have signed up to. I am asking whether your government has delivered specifically on the output in that partnership agreement around safer housing options for women experiencing domestic violence.

The Hon. J.M.A. LENSINK: We are required to send a reconciliation to the commonwealth on the national partnerships, and my understanding is that they were satisfied with what we provided.

Ms HILDYARD: Minister, how many representations have been made directly to your office over the past financial year about women experiencing, or at risk of experiencing, domestic violence who cannot access secure housing?

The Hon. J.M.A. LENSINK: I would need to take that on notice. It is an interesting question. In the homelessness sector we used to have three different gateways, one being the specific domestic and family violence gateway, one having that terrible name 'generic homelessness', and also people would come through the youth stream. Certainly, we know that people do not always come through the door with a domestic and family violence tag.

It is probably difficult to quantify in that there may well be people who, if we were to crosscheck correspondence that came in via housing for someone requesting support, to double-check whether there was a domestic and family violence component would probably be an unreasonable impost on the services. Sometimes it is in the text of the letter itself, but sometimes it is in the Housing Authority records, or it may well be within a service within DHS, so it is difficult to quantify.

Ms HILDYARD: Minister, I know you have taken that one on notice, but to be clear the question is about the number of representations made directly to your office about that matter. I just wanted to clarify.

The Hon. J.M.A. LENSINK: I might undertake that on notice because I think it would be hard to quantify.

Ms HILDYARD: Moving to page 89 in relation again to the highlights and targets, particularly in relation to the Women's Leadership and Economic Security Framework, why is the women's leadership and economic security strategy not finalised at the date publicly committed to on your website?

The Hon. J.M.A. LENSINK: One of the many joys of COVID, it is now complete. It has been signed off by cabinet. We also have a new set of representation on the Premier's Council for Women and it would be one of their large tasks to make sure we are implementing that well.

Ms HILDYARD: What financial resourcing is allocated in the Office for Women to drive this strategy?

The Hon. J.M.A. LENSINK: I will ask the director to respond to that one.

Ms VAS DEV: We are using existing resourcing to promote and implement that strategy.

Ms HILDYARD: So existing resources. Thank you. Minister, how specifically will the strategy address the issue of insecure work and its impact on wage inequality? Will the government now commit to supporting the proposed inquiry into insecure work and its impact on particular groups, including women?

The Hon. J.M.A. LENSINK: Can you remind me whose inquiry that is?

Ms HILDYARD: It is a motion to the parliament by me.

Mr KNOLL: Point of order, Mr Chairman: I ask the member to identify which budget line this question comes from.

Ms HILDYARD: I did at the beginning. I already have.

Mr KNOLL: Then, Chair, can I ask how this question is relevant to anything that is inside the budget papers?

Ms HILDYARD: I would love to answer that. The women's leadership and economic security strategy—

The CHAIR: Member for Reynell.

Ms HILDYARD: —should absolutely go to the issue of insecure work.

The CHAIR: Member for Reynell and member for Schubert—

Ms HILDYARD: The strategy should absolutely go to insecure work and wage inequality.

The CHAIR: Member for Reynell and member for Schubert, I will provide the minister an opportunity to respond to the question.

Ms HILDYARD: Do you want me to restate the question?

The CHAIR: No, I am fairly sure the minister has the question.

The Hon. J.M.A. LENSINK: Sorry, I actually cannot remember what the original question was.

Ms HILDYARD: How will the strategy address the issue of insecure work and its impact on wage inequality? Secondly, will the government now commit to supporting the proposed inquiry into insecure work?

The Hon. J.M.A. LENSINK: The answer to the second question is that that is a question for the Treasurer in his industrial relations role. In relation to the first part, the matters that relate to women's employment necessarily look at issues such as insecurity, child care and advancement opportunities—the whole gamut.

The CHAIR: With that answer, we have gone over time.

Ms HILDYARD: We started two minutes late.

The CHAIR: I provided my statement in line with what I have done on every timing of every session so far. There is an opportunity, as other members have taken up, to submit questions through

the usual processes. Members, given that time has expired, there are therefore no further questions. I declare the examination of the portfolio of the Office for Women complete.

Departmental Advisers:

Ms L. Boswell, Chief Executive, Department of Human Services.

Mr N. Ashley, Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms K. Hawkins, Executive Director, Strategic Policy and Reform, Department of Human Services.

Ms K. Biggins, Acting Executive Director, Community Investment and Support, Department of Human Services.

Ms F. Curnow, Acting Executive Director, Community and Family Services, Department of Human Services.

The CHAIR: Estimates Committee B will now move to a session examining proposed payments in relation to the portfolio of youth services. The minister appearing is the Minister for Human Services. The estimate of payments is, as I referred to earlier, relating to the Department of Human Services and the Administered Items for the Department of Human Services. I advise that the proposed payments remain open for examination. I call on the minister to make a statement, should she wish to, in relation to this portfolio. I do not believe there is too much of a switch in advisers, but she can inform us of that should she wish to.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. I think you have met all the good officers of the Department of Human Services already, so I will move to my opening statement. The future of our state rests in the hands of our young people, with more than one in seven South Australians aged 12 to 24 years. That is why the voices of young people were central to the development of the Strong Futures SA Youth Action Plan 2020-2022, which was launched in April last year.

Hundreds of young people in the youth sector were engaged to ensure it reflected the needs, wants and aspirations of young South Australians. Put simply, the plan was developed by young people for young people. The Department of Human Services continues to oversee the progress of the Youth Action Plan, which outlines the Marshall Liberal government's strategy to share the vision of our youth for a South Australia that is safe, inclusive and sustainable for all young people, now and into the future.

The plan outlines the four priority areas of earn and learn, fair and inclusive, wellbeing and environment, and connect and grow. In the first year of the Youth Action Plan the department has focused on responding to the impact of COVID-19 on young people. DHS has partnered with the Local Government Association of South Australia in a \$550,000 program of one-off youth-led COVID-19 grants. This has resulted in councils implementing 14 youth-led recovery projects spanning 23 local government areas, and to date it has engaged over 800 young people.

The department has also partnered with the Working Women's Centre and the Youth Affairs Council of South Australia to better engage young people in the youth sector to improve pandemic responses, including the development of a youth sector-led COVID-19 recovery plan. The three-year Youth Action Plan also provides a focus for collaborative efforts across government, with new initiatives generating meaningful change for young people.

DHS has commenced a partnership with Wellbeing SA to develop prevention-focused, community-based initiatives that support the wellbeing of young South Australians. These initiatives are 5 Ways to Wellbeing, a project which aims to increase understanding and build knowledge about five evidence-based ways to protect and promote mental and social wellbeing for young South Australians, such as building social connections, keeping your mind and body active, learning new skills and giving back to community.

The other is youth social isolation and loneliness. DHS, in partnership with Wellbeing SA and the Office for Recreation, Sport and Racing, is working with the Australian Centre for Social Innovation to codesign opportunities with young people in Port Pirie and Port Augusta to improve wellbeing and social connections of young people in regional and rural communities.

I have recently announced the outcomes of the competitive open tender for the Youth Support and Development Program. This program provides individualised support to young people across nine regions to build their capability to successfully engage in meaningful social, education and employment opportunities. To ensure a culturally specific approach, both Aboriginal and multicultural services have been engaged to focus on at-risk and vulnerable young people from these communities.

My department is continuing to focus on better supports for young people who encounter the Youth Justice system. Many young people under the age of 13 are in the Kurlana Tapa Youth Justice Centre for only a few days due to safety concerns whilst a safe place for them to stay is found rather than as the result of a criminal conviction. For this reason the Marshall Liberal government has provided funding for a child diversion program which will enable children between the ages of 10 to 13 to be accommodated in alternative secure locations rather than remanded into the high security Kurlana Tapa.

DHS will utilise a short-term accommodation program to provide an alternative location for children under 12 who come into police custody and will partner with community organisations to broker safe and supportive outcomes for these children. The department will shortly commence consultation on this innovative new approach.

In alignment with the Young People Connected, Communities Protected: South Australia's Youth Justice State Plan 2020-2023, DHS has continued to partner with South Australia's Aboriginal elders, communities and non-government organisations to invest in connecting with community organisations such as SYC to deliver specific community service responses as a diversion for young people, currently connecting with 33 young people; to establish and open the Aboriginal Cultural Trail and Connection Space at the Kurlana Tapa Youth Justice Centre, a healing, education and connection space for Aboriginal young people in custody; to deliver the KIND program for young men and young parenting men who use family violence; and to establish the communities and justice Aboriginal community-controlled organisations forum to facilitate better partnerships with ACCOs and explore joint decision-making processes with Aboriginal communities in line with Closing the Gap targets.

The department continues to develop more therapeutic responses for young people under Youth Justice orders. It has established an enhanced support team at Kurlana Tapa. This is a team of skilled practitioners who work alongside youth workers in the accommodation units, responding to those with complex needs. It has developed a sensory modulation framework to better equip young people with the tools to understand their own sensory processing needs and develop self-regulation skills. It has also improved accessibility for young people, including modifying client-facing documents for easier comprehension and enhancing traditional verbal communication practices with visual aids.

The consolidation of services at the Kurlana Tapa Goldsborough Road campus was announced in last year's budget to provide young people in custody with access to better amenities, facilities and programs. The department has been working closely with key stakeholders to ensure the new infrastructure considers the needs of Aboriginal young people, young people with complex needs and both the physical and psychological influence of the environment. The department will continue to work this year to enhance efforts across government agencies, the youth sector and stakeholders to continue to provide outcomes for young South Australians.

The CHAIR: Lead speaker for the opposition, do you wish to make an opening statement?

Ms COOK: No thanks. I will do the omnibus questions, if that is okay.

1. For each department and agency reporting to the minister:
 - What is the actual FTE count at 30 June 2021 and the projected actual FTE count for each year of the forward estimates;

- What is the total employment cost for each year of the forward estimates;
 - What is the notional FTE job reduction target that has been agreed with Treasury for each year of the forward estimates;
 - Does the agency or department expect to meet the target in each year of the forward estimates; and
 - How many TVSPs are estimated to be required to meet FTE reductions over the forward estimates?
2. For each department and agency reporting to the minister:
- How much is budgeted to be spent on goods and services for 2021-22, and for each of the years of the forward estimates period;
 - The top 10 providers of goods and services by value to each agency reporting to the minister for 2020-21;
 - A description of the goods and/or services provided by each of these top 10 providers, and the cost to the agency for these goods and/or services; and
 - The value of the goods and services that was supplied to the agency by South Australian suppliers?
3. Between 1 July 2020 and 30 June 2021, will the minister list the job title and total employment cost of each position with a total estimated cost of \$100,000 or more which has (1) been abolished and (2) which has been created?
4. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above \$10,000 between 1 July 2020 and 30 June 2021 for all departments and agencies reporting to the minister, listing:
- the name of the consultant, contractor or service supplier;
 - cost;
 - work undertaken;
 - reason for engaging the contractor; and
 - method of appointment?
5. For each department and agency for which the minister has responsibility:
- How many FTEs were employed to provide communication and promotion activities in 2020-21 and what was their employment expense;
 - How many FTEs are budgeted to provide communication and promotion activities in 2021-22, 2022-23, 2023-24, 2024-25 and what is their estimated employment expense; and
 - The total cost of government-paid advertising, including campaigns, across all mediums in 2020-21 and budgeted cost for 2021-22?
6. For each department and agency reporting to the minister, please provide a full itemised breakdown of attraction and retention allowances as well as non-salary benefits paid to public servants and contractors between 1 July 2020 and 30 June 2021.
7. What is the title and total employment cost of each individual staff member in the minister's office as at 30 June 2021, including all departmental employees seconded to ministerial offices?
8. For each department and agency reporting to the minister, could you detail:
- How much was spent on targeted voluntary separation packages in 2020-21;

- What department funded these TVSPs (except for DTF estimates);
- What number of TVSPs were funded;
- What is the budget for targeted voluntary separation packages for financial years included in the forward estimates (by year), and how are these packages funded; and
- What is the breakdown per agency/branch of targeted voluntary separation packages for financial years included in the forward estimates (by year) by FTEs?

9. For each department and agency reporting to the minister, how many executive terminations have occurred since 1 July 2020 and what is the value of executive termination payments made?

10. For each department and agency reporting to the minister, what new executive appointments have been made since 1 July 2020, what is the annual salary and total employment cost for each position?

11. For each department and agency reporting to the minister, how many employees have been declared excess, how long has each employee been declared excess and what is the salary of each excess employee?

12. In the 2020-21 financial year, for all departments and agencies reporting to the minister, what underspending on operating programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2021-22?

13. In the 2020-21 financial year, for all departments and agencies reporting to the minister, what underspending on investing or capital projects or programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2021-22? How was much sought and how much was approved?

14. For each grant program or fund the minister is responsible for please provide the following information for 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Balance of the grant program or fund;
- Budgeted (or actual) expenditure from the program or fund;
- Budgeted (or actual) payments into the program or fund;
- Carryovers into or from the program or fund; and
- Details, including the value and beneficiary, of any commitments already made to be funded from the program or fund.

15. For the period of 1 July 2020 to 30 June 2021, provide a breakdown of all grants paid by the department/agency that report to the minister, including when the payment was made to the recipient and when the grant agreement was signed by both parties.

16. For each year of the forward estimates, please provide the name and budgeted expenditure across the 2021-22, 2022-23, 2023-24 and 2024-25 financial years for each individual investing expenditure project administered by or on behalf of all departments and agencies reporting to the minister.

17. For each year of the forward estimates, please provide the name and budget for each individual program administered by or on behalf of all departments and agencies reporting to the minister.

18. For each department and agency reporting to the minister, what is the total cost of machinery of government changes since 1 July 2020 and please provide a breakdown of those costs?

19. For each department and agency reporting to the minister, what new sections of your department or agency have been established since 1 July 2020 and what is their purpose?

20. For each department and agency reporting to the minister:

- What savings targets have been set for each year of the forward estimates;
- What measures are you implementing to meet your savings target; and
- What is the estimated FTE impact of these measures?

I now move to Budget Paper 4, Volume 3, page 91, the Youth Justice program. How has the proportion of those in the Youth Justice system, who identify as Aboriginal or Torres Strait Islander, changed since the previous budget period?

The Hon. J.M.A. LENSINK: I think we are all very pleased that things are moving in the right direction. In terms of the individual children and young people who have been admitted to Kurlana Tapa Youth Justice Centre, the numbers overall are coming down, and I think, pleasingly, the proportion of Aboriginal young people has also gone down.

In 2019-20, there was a total of 308 individuals—and obviously with these figures there might be people who have returned—and in 2020-21, that figure is 256. Of those two totals, for 2019-20 there were 147 young people who identified as Aboriginal out of 308, so that is 48 per cent; the number in 2020-21 was 110 out of 256, which equates to 43 per cent, so it has gone down from 48 per cent to 43 per cent. It is obviously still too high, though.

Ms COOK: How many residents today are in the Kurlana Tapa Youth Justice Centre?

The Hon. J.M.A. LENSINK: We have a daily tally—there are 28.

Ms COOK: How many current Kurlana Tapa residents are on remand, so not sentenced by the court as yet?

The Hon. J.M.A. LENSINK: Do you mean as of today?

Ms COOK: Yes.

The Hon. J.M.A. LENSINK: The advice is that of the 28 there are 26 who are unsentenced.

Ms COOK: There are how many?

The Hon. J.M.A. LENSINK: Twenty-six.

Ms COOK: Unsented?

The Hon. J.M.A. LENSINK: Correct.

Ms COOK: How many strip searches were performed on children in the Youth Justice Centre in the last financial year?

The Hon. J.M.A. LENSINK: We will take that on notice. The advice I have received is that we would like to say none, but it depends on the timing in terms of the full body scanners. That has been a very useful initiative in the centre, to ensure that we do not need to conduct those searches anymore.

Ms COOK: Just in respect to taking that question on notice, would you break those down by partial and full body search?

The Hon. J.M.A. LENSINK: We do not full body searches.

Ms COOK: So definitely no full body search?

The Hon. J.M.A. LENSINK: We never do full strip searches.

Ms COOK: Okay, thank you, good. In regard to continuing to place effort into prevention of young people entering Youth Justice, can I refer you to Budget Paper 4, Volume 3, page 82, regarding some of the early intervention programs and ask you, minister, if you have a measure of the outcomes of the family group conferencing pilot program undertaken by RASA? There is another one, Safe Kids, Families Together. Are you able to provide some outcome measures on those and also offer the future? In one of your statements earlier, you talked about extending funding till June next year; is that correct?

The Hon. J.M.A. LENSINK: Both of those programs.

Ms COOK: Both of those. What is the vision for those, moving forward, from you in terms of long-term funding proposals?

The Hon. J.M.A. LENSINK: I think the honourable member may have referenced a couple of programs that are actually in the child protection space. Can I say generally, though, that when it comes to the child family intensive support services they are very much about evidence base and very much focused on some of our most challenging families in South Australia, who we often know also have issues with domestic and family violence, and the current children can be the parents of the next generation. That is very much front and centre in terms of ensuring that children are growing up in safe, functional environments into the future.

There is a lot of intersection, I think, between a number of the programs that operate in this space, and ultimately having some experience with Youth Justice is something that we are working towards all young South Australians having as little to do with as possible. I will just ask the chief executive if she could add a few comments to that.

Ms BOSWELL: On the subject of family group conferencing, there is some family conferencing within the Youth Court, but that is not within our portfolio. The family group conferencing for child protection is within the portfolio of the Minister for Child Protection. However, in terms of the intensive family support program pilots that we have been running, including the category Y one, the Anglicare one and some of the programs—there is northern, western, and there is about to be one in the Benevolent Society in the south—the Parenting Research Centre is going to perform an evaluation of the intensive pilots we have so far, but that is northern and western. They have been up for a little while now, and we will be taking into account the outcomes of those as a prevention proposal.

Ms COOK: I refer to Budget Paper 4, volume 3, page 91, regarding Youth Justice and community orders. Last year, I asked questions regarding the privatisation of those programs. Since then, there has been an awarding of the contract. When did SYC begin delivering the service?

The Hon. J.M.A. LENSINK: My advice is that SYC commenced delivery of the metropolitan Community Service Order program, in partnership with Community Youth Justice, in February this year.

Ms COOK: When were the DHS Youth Justice staff actually first notified about that change?

The Hon. J.M.A. LENSINK: In terms of the tender being awarded to SYC, I am not sure—

Ms COOK: There are probably two phases: when the plan happened and the proposal, then the actual awarding and the cessation of their roles.

The Hon. J.M.A. LENSINK: Yes, I think that would have been much earlier in the piece. The decision was made to change the service delivery to a community program. I may have even gone through this in question time, because I think it was in InDaily at some stage. We might take that on notice, because there was a level of consultation with the staff. We will take that on notice and provide some more details.

Ms COOK: Thank you. In respect to young people generally—Youth Services, Budget Paper 4, Volume 3, page 94, strategies to support young South Australians—can the minister, in reference to young people experiencing a crisis in their housing or a threat to their ongoing housing stability, advise who qualifies for the use of housing studios that can be provided from the Housing Authority but supporting young people to prevent homelessness?

The Hon. J.M.A. LENSINK: I just need to add to the previous response in relation to the daily number of young people at Kurlana Tapa. Actually, at 5.30am it was 33, so the difference is that some have actually been at court and some have left.

Ms COOK: Thank you.

The Hon. J.M.A. LENSINK: This is probably a question that belongs in housing, but I will be generous again. In that particular program they need to be in contact with a homelessness service provider, so very much in the non-government sector, so be engaging in that space. The cohort of families that we are looking at are particularly focused on overcrowding in family homes. As we know with young people who enter the homelessness system, there is often a situation where their relationship has broken down with perhaps it might be their own parents or whoever is at home, so they may wish to relocate and live with a relative or trusted family member. There will be a range of different situations where people will be able to qualify for those.

My understanding is that Kids Under Cover have been talking to some local councils already, particularly Onkaparinga and the Barossa, because they have assessed that there may well be a particular need in those council areas. The relocatable studios actually need to have council approval, so there is a process to go through, but they do need to be engaged with a homelessness service provider.

Ms COOK: You have talked to Kids Under Cover. Will they target and make their services available to Aboriginal families where kinship care is so high?

The Hon. J.M.A. LENSINK: I do not see why they would not. I might just pass over to the chief executive. She has a bit of an update on a previous question as well.

Ms BOSWELL: Regarding the Community Service Order program, on 28 February the year before, DHS announced to staff that alternative methods of metropolitan delivery were being explored. On 17 April, following a consultation period with staff, we announced that the metropolitan program would go out to tender. It went out to tender on 8 October 2020 and it closed on 5 November 2020. The evaluation process took place and, as you know, it commenced early this year. So it was not quite a year before that staff were notified that it was starting.

Ms COOK: In terms of young people and their risk around homelessness, you talked of overcrowding. In the RoGS earlier this year, you would be aware, we performed the worst in the country around particularly Aboriginal families and their overcrowding. Obviously, a lot of them are living in SAHA properties. Can those families apply to use a studio for their young people?

The Hon. J.M.A. LENSINK: I do not think it is a question of applying to SAHA because the gatekeeper, if you like, is the specialist homelessness providers, so they would need to be engaged through that process. In terms of SAHA, though, they do have sleep-outs, I think they call them—

Ms COOK: Studios.

The Hon. J.M.A. LENSINK: —that they can add to particular properties as well.

The CHAIR: The time allotted for the examination of payments in relation to the portfolio of youth services has expired; therefore, there are no further questions. I declare the examination of the portfolio of youth services complete and the estimate of payments for the Department of Human Services and Administered Items for the Department of Human Services closed.

Sitting suspended from 13:16 to 14:16.

DEPARTMENT FOR HEALTH AND WELLBEING, \$5,413,286,000

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH, \$5,930,000

WELLBEING SA, \$16,772,000

Membership:

Mr Picton substituted for Ms Hildyard.

Mr Brown substituted for Ms Wortley.

Ms Luethen substituted for Mr Whetstone.

Minister:

Hon. S.G. Wade, Minister for Health and Wellbeing.

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Ms L. Cowan, Deputy Chief Executive, Department for Health and Wellbeing.

Mr D. Frater, Deputy Chief Executive, Department for Health and Wellbeing.

Ms J. TePohe, Deputy Chief Executive, Department for Health and Wellbeing.

Mr B. Hewitt, Executive Director, Infrastructure, Department for Health and Wellbeing.

Mr J. Logie, Executive Director, Corporate Communications, Department for Health and Wellbeing.

Mr J. Woolcock, Executive Director, Finance, Department for Health and Wellbeing.

The CHAIR: Welcome to Estimates Committee B. The estimates committees are a relatively informal process and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed on an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead speaker for the opposition confirm the timetable for today's proceedings, previously distributed, is accurate?

The Hon. S.G. WADE: Yes.

Mr PICTON: Only in the sense that we do not have any choice in the matter, but apart from that, yes.

The CHAIR: I will take that as a yes. Changes to committee membership will be notified as they occur. Members should ensure that the Chair is provided with a completed request to be discharged form. If the minister undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the answers to questions mailbox no later than Friday 24 September 2021.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of about 10 minutes each, should they wish. There will be a flexible approach to giving the call for asking questions. A member who is not a member of the committee may ask a question at the discretion of the Chair. All questions are to be directed to the minister, not to the minister's advisers. The minister may refer questions to advisers for a response.

Questions must be based on the lines of expenditure in the budget papers and must be identified and/or referenced. Members unable to complete their questions during the proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*. I remind members that the rules of debate in the house apply in committee. Consistent with the rules of the house, photography by members from the chamber floor is not permitted while the committee is sitting.

Ministers and members may not table documents before the committee. However, documents can be supplied to the Chair for distribution. The incorporation of material in *Hansard* is permitted on the same basis as applies in the house, that is, that it is purely statistical and limited to one page in length. The committee's examinations will be broadcast in the same manner as sittings of the house are broadcast through the IPTV system within Parliament House via the webstream link to the internet and the Parliament of South Australia video-on-demand broadcast system.

The proposed payments to be examined during this session relate to the portfolio of SA Health. The minister appearing today is the Minister for Health and Wellbeing. I declare the proposed payments open for examination. I call the minister to make an opening statement, if he wishes, and to introduce his advisers.

The Hon. S.G. WADE: I would like to introduce my department executive to the committee, Dr Chris McGowan, Chief Executive, Department for Health and Wellbeing; deputy chief executives of the department, Ms Lynne Cowan, Mr Don Frater and Ms Julienne TePohe; Mr Jamin Woolcock, the chief financial officer; and Mr Brendan Hewitt, the executive director for Infrastructure.

Since I was before the committee in November last year, South Australia has continued to do remarkably well in response to the COVID-19 pandemic. However, the events of this month have shown that COVID-19 continues to present a real and present threat to the public health and wellbeing of the South Australian community. I thank South Australians for their efforts in following the public health advice so we could get through the Modbury cluster without an extended lockdown. Of course, we are still within the incubation cycle, so it is important that we all continue to make ourselves aware of the current restrictions and comply with them, in particular for those in quarantine to remain in quarantine and for those who have testing requirements to fulfil them.

This year has also seen us commence the biggest ever peacetime operation with the rollout of the COVID-19 vaccine, commencing late February. Soon after we launched the Pfizer vaccines at the Royal Adelaide Hospital, the nation watched as Dr Caroline Phegan was the first person in the country to receive the AstraZeneca vaccination at the Murray Bridge Soldiers' Memorial Hospital. SA Health has continued to lead the way with a vaccination rollout with our rate of vaccination consistently being above the national average.

We have also continued to demonstrate the innovation that helped keep us safe earlier in the pandemic. The Wayville mass vaccination clinic was the first dual clinic in Australia, both offering Pfizer and AstraZeneca in one facility. We have progressively boosted vaccination capabilities across the state, while recalibrating and pivoting the program in line with ATAGI advice. To date more than 830,000 vaccinations have been administered in South Australia as part of our rollout.

The pandemic response in keeping South Australians safe has been of the utmost priority for SA Health over the past 18 months. At the same time, the health system has continued to provide invaluable services to the people of South Australia. We have not lost sight of our commitment to improving the health system. Health and wellbeing touches everyone, and we recognise the importance of delivering a healthcare system that is focused on prevention and out-of-care options, such as My Home Hospital and our priority care centres.

We are delivering on our promise to build a new Women's and Children's Hospital for all South Australians. The \$1.95 billion facility, with 500 treatment spaces, is an increase of 13 per cent on the current hospital, with a capacity to treat approximately 21,000 additional patients in a year. The recent release of the master plan has outlined our unwavering commitment to building a hospital of which all South Australians can be proud. The hospital is only a part of our record investment across our metropolitan and regional hospitals to improve patient flow and stop ramping. There are now more doctors, nurses, midwives and ambulance officers in South Australia's public health system than ever before in the state's history.

Our record \$7.4 billion spend in this year's budget is ensuring the delivery of better health outcomes in the short, medium and longer term for all South Australians. The investment is almost \$900 million more than was spent in the final year of the former government and builds capacity in our hospitals and health services, keeps our state safe and strong through the pandemic and supports a better health system for all South Australians.

I conclude my remarks by once again paying tribute to the staff of SA Health. These health professionals work tirelessly. They give their time to ensure South Australians stay safe and receive quality treatment and to delivering innovative solutions to health care. As the pandemic has demonstrated, South Australia is at the forefront of health care. We would not be in such a position without the ongoing commitment and dedication of the doctors, nurses, midwives, paramedics, allied health professionals, pathologists and other staff right across the system.

Ms LUETHEN: Point of order, Chair.

The CHAIR: Point of order, member for King.

Ms LUETHEN: I thank the minister for his opening update. I would like to call a point of order: in your opening, Chair, you talked about the rules of debate of the house applying in here. One of those rules of debate in our normal sitting is that props are not allowed. I take offence to the labels directed to the video camera in front of the member for Kaurana and ask that he turn these labels away from the video, or otherwise allow us to have a label up that says, 'Disastrous Transforming Health'.

Members interjecting:

The CHAIR: Members! There is precedence that if there is a public display that public display be removed from the chamber. Member for Kaurana, from my position I cannot see the offending material, but if you are happy to move those folders it would be much appreciated. Lead speaker for the opposition, did you wish to make an opening statement?

Mr PICTON: Thank you very much, Chair. The government is really focused on the big issues, as always. Firstly, I would like to thank all the frontline health workers in this state, both the people who work in our public health teams, Professor Spurrier and everybody in her teams, for the amazing work they have done to keep South Australia safe, but also everybody in our hospitals, our community health services and our Ambulance Service, those frontline heroes, for the work they have done in very trying circumstances over the past year since we last met.

The CHAIR: With the completion of opening statements, I call the member for Kaurana.

Mr PICTON: My question is to the minister, in relation to Budget Paper 4, Volume 3, page 60, SA Ambulance Service. The minister has previously revealed that in April there was a record 2,281 hours of delays for ambulances, otherwise known as 'ramping hours' or 'transfer of care delay hours'. What were the equivalent figures for May and June this year?

The Hon. S.G. WADE: I do not have those figures.

Mr PICTON: Why do you not have those figures?

The Hon. S.G. WADE: The data the honourable member is referring to is issued by the South Australian Ambulance Service. The data is not published on a regular basis. It was not published on a regular basis under the former government or under this government.

Mr PICTON: But you released that data yourself in May for, I believe, February, March and April. So why do you not have access to that data for May and June this year?

The Hon. S.G. WADE: The honourable member's question validates my answer. The fact that in May, which I think the honourable member refers to, there were three months' data released highlights the fact that the periodic data is not released on a regular basis. In that context, I would like to make the point to the committee that this data is no secret.

Mr PICTON: Release it then.

The Hon. S.G. WADE: This data is reflected on a day-in day-out basis by real-time data on at least two SA Health dashboards, which indicate both the state of the emergency departments and also the waiting time for ambulances. This government has never denied that there is increased pressure on our emergency departments and increased hours lost in transfer of care in the first half of this year. In that regard we are not unique. Right around Australia there has been increased pressure on our emergency departments, particularly related to higher acuity cases. As I said, periodic data has not been regularly published by the former government or by this government.

Mr PICTON: Could you ask any of your advisers here today whether they have that data?

The CHAIR: Member for Kaurana, sorry: I have just been alerted to the fact that the display is still within view of the camera, so if you could please remove the display.

Mr PICTON: The big issues. Minister, can you ask whether any of your advisers have this information available today?

The Hon. S.G. WADE: I am the only witness here. I have already given an answer to the honourable member.

Mr PICTON: Minister, can you commit—

The CHAIR: Member for Kurna, you will wait for the call before proceeding.

Mr PICTON: Minister, can you commit to coming back to the committee before the end of the day with that data?

The Hon. S.G. WADE: No.

Mr PICTON: Minister, when will that information be released?

The Hon. S.G. WADE: I am happy to approach SAAS and inquire as to when that data will be released. Considering the honourable member's interest, I imagine it will be released shortly.

Mr PICTON: Minister, do you believe that the public has a right to know this information?

The Hon. S.G. WADE: As I have already indicated, this is a very transparent issue. We have daily data, hourly data, minute—in fact, minute by minute might not be true; I think the Ambulance Service dashboard is only refreshed every seven minutes—so people have very good line of sight about the performance of our emergency departments and ambulance ramping. Certainly, the data in relation to monthly data is released from time to time. I am more than happy to let the South Australian Ambulance Service know the member for Kurna would be interested in a copy.

Mr PICTON: Minister, have you yourself released that data on a number of occasions over the past two years?

The Hon. S.G. WADE: With all due respect, I do not publish the data. I have a day job. The honourable member would—

Mr PICTON: You put out media releases with the data.

The Hon. S.G. WADE: The honourable—

The CHAIR: The member for Kurna! Minister, if you could just pause your answer. In this chamber, member for Kurna, we have had a very cordial debate through the estimates process. When questions have been asked, they have been given in silence; when answers are being given by the minister, they will be given in silence.

The Hon. S.G. WADE: As I said, I am more than happy to pass on the request of the honourable member, and I am sure that data will be released shortly.

Mr PICTON: Are you going to take it on notice at least?

The CHAIR: Member for Kurna, you will wait for the call.

The Hon. S.G. WADE: The honourable member has my answer, which is that I will pass on the request to SAAS. I have no doubt that it will be released shortly.

Mr PICTON: What is the breakdown of the transfer of care delays over the past financial year by hospital?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: Is it correct that yesterday afternoon a mental health patient required an ambulance at 3.20pm; however, the ambulance did not arrive until 13 hours later, at 4.04am this morning? Do you believe that is acceptable?

The Hon. S.G. WADE: The fact that mental health patients endure inappropriately long delays in care, whether that is ambulance responses or within the EDs, is a reason why this government is investing in innovative solutions to provide better care for people with mental health challenges.

In relation to the transfer to hospital stage of the journey, one of our key investments has been in mental health co-responders, where a qualified paramedic is working with a qualified mental

health clinician in a dual discipline response, responding to what is identified as a potential mental health pick-up. That has been a very welcome improvement in the transfer of care for people accessing the Ambulance Service.

Another key initiative in terms of delivering more timely and appropriate urgent mental health care support has been the Urgent Mental Health Care Centre, Australia's first adult mental health centre, a centre which has been so successful since it was opened in March that we have already, through the most recent budget, extended it to a 24-hour service. So of course the government is determined to bring down the waiting times for mental health patients to get the care they need, and we are investing to deliver that improved outcome.

Mr PICTON: So why did all of that fail—

The CHAIR: Member for Kaurua, you will wait to be given the call.

Mr PICTON: So why did all that fail the patient last night who waited 13 hours for an ambulance?

The Hon. S.G. WADE: I do not know the circumstances of the case to which the honourable member refers.

Mr PICTON: Is it correct that on Wednesday an ambulance call for a suspected stroke at Seaford Rise was responded to from an ambulance that had to come all the way from Fulham Gardens, a 38-kilometre drive away?

The Hon. S.G. WADE: I am not aware of the case to which the honourable member refers.

Mr PICTON: What do you have to say to people in the southern suburbs who are nervous in terms of the fact that ambulances are having to come from the other side of town to respond to their cases?

The Hon. S.G. WADE: I think the honourable citizens of the southern suburbs are well aware of the havoc caused by the former Labor government's Transforming Health. They saw the Noarlunga Hospital—

Mr PICTON: Point of order: this is debate.

The Hon. S.G. WADE: —downgraded.

The CHAIR: Member for Kaurua, the question asked was the minister's opinion. That is a very wideranging question; the minister is entitled to provide a wideranging answer—

Members interjecting:

The CHAIR: —and he will be heard in silence, member for Hurtle Vale.

The Hon. S.G. WADE: When I talk to the people of the southern suburbs, which I do often, they have not forgotten. They have not forgotten that a so-called assistant minister for health stood by, as did the member for Hurtle Vale, while their government trashed these services in the southern suburbs through Transforming Health. They downgraded the Noarlunga Hospital, which put added pressure on the Flinders Medical Centre, which was already—

Members interjecting:

The CHAIR: Members!

The Hon. S.G. WADE: —under pressure.

The CHAIR: Minister, please stop there. Members on my left, the member for Kaurua, in asking his questions, has been heard in silence. The minister's response and answer to that question—

Mr PICTON: Point of order, Chair.

The CHAIR: I am not taking a point of order on relevance.

Mr PICTON: Point of order for debate.

The CHAIR: The question was wideranging, asking the opinion of the minister.

Mr PICTON: Point of order for debate. When you start talking about the opposition, that is debate. That is the precedence of the house.

The CHAIR: There is no point of order.

The Hon. S.G. WADE: So what would the citizens of the southern suburbs think?

Mr PICTON: An ambulance is coming from Fulham Gardens.

The Hon. S.G. WADE: They would think that they have elected a government—

Mr PICTON: An ambulance is coming from Fulham Gardens.

The CHAIR: Members! So far today, this debate has been entirely respectful through this process in this chamber. That will continue.

Mr PICTON: Why do you not tell the minister that?

The CHAIR: Members will remain silent while the minister is providing his answer.

The Hon. S.G. WADE: I appreciate the embarrassment of the honourable members on the opposition benches, but let me assure you that this government is addressing the concerns of the citizens of the southern suburbs.

Mr PICTON: You do not even know what the ramping figure is.

The Hon. S.G. WADE: This government is undoing the damage of Transforming Health. We are doing that in particular through the Southern Health Expansion Plan, which is investing \$86 million. In particular, that plan is focused on easing the pressure on the emergency departments and stopping ambulance ramping. The Flinders Medical Centre is our busiest emergency department and through that plan it will become our biggest, with up to 30 more treatment bays.

In terms of reactivating the Repat, which is another part of the Southern Health Expansion Plan, we are undoing the damage of Transforming Health, which put added pressure on the Flinders Medical Centre and on Noarlunga when that facility closed. We are also undoing the damage of Transforming Health by enhancing the clinical capacity at Noarlunga. A new 24-bed general medical ward was established at Noarlunga in late 2020.

I am sure the citizens of the southern suburbs are just as keen as I am to see the Southern Health Expansion Plan being completed. My understanding is that the final steps in the Flinders Medical Centre works are just across the horizon, but we look forward to a significant strengthening of the southern health services, which were degraded by the previous government.

Mr PICTON: How many cases involving SA Ambulance are currently being investigated by the Coroner?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Have there been any deaths associated with ramping or ambulance delays in the past financial year, and, if so, how many?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: How many Safety Learning System reports were made about ramping in the past financial year?

The Hon. S.G. WADE: I am not willing to take that on notice because that term 'ramping'—there could be numerous cases where there are issues in relation to the delay of care. I am happy to seek a response from SAAS in relation to that question, but to claim that SAAS could, without an inappropriate diversion of resources, identify every case where ramping or transfer of care delays may have been a factor, I think would be an inappropriate diversion of resources.

Mr PICTON: Only because there are so many. Can you confirm that in the past financial year the budget papers reflect that only 69 per cent of category 2 SA Ambulance cases which involve lights and sirens were seen on time, and is that the worst figure in the state's history?

The Hon. S.G. WADE: The honourable member raises an interesting matter. There was a deterioration in priority 2 response times in the last financial year, but one of the factors in that, in my view, is the archaic rosters that the Ambulance Service works within.

Mr PICTON: It is the paramedics' fault.

Mr Brown interjecting:

The CHAIR: Member for Playford!

The Hon. S.G. WADE: Roster reform is all about ensuring that more ambulances are available to respond to calls for assistance when we need them and, over time, give us better access to data that truly reflects SAAS's response times. At the moment, SAAS is unable to dispatch an ambulance to a priority 3 case in the last hour of a paramedic's shift. That is a part of the industrial arrangements under which SAAS operates. This leads to a build-up of overdue priority 3s and priority 4s at particular times of the day.

In some cases SAAS may decide that they need to upgrade the case—in other words, reprioritise it—so that an ambulance can be dispatched. When that happens a patient, who SAAS believes is a priority 3 and who has been waiting let's say an hour while more pressing cases are attended to, is reclassified as a priority 2. When that happens they have already been waiting a significant amount of time. In the case that I have just used of an hour, that is clearly going to be above the response time for a priority 2, which is a 16-minute target. So I believe there is reason to believe that the deterioration in the KPI performance may well be related to the roster reforms.

We, as a government, are determined to reform the rosters. It does not help ambulance paramedics and it does not help the patient to have such a preponderance of shift changeovers at the same time of the day. Two-thirds of our metropolitan day crews are attempting to finish work at the time that demand is often high and increasing and that will contribute to delays in response times.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 28, CALHN. On 17 May 2021, a CALHN spokesperson advised of a document prepared for CALHN by KordaMentha to consider various opportunities for savings. This has been referred to as the tranche 2 report. Has the minister been briefed on this report, has he or his office been provided with a copy of this report, and has he read this report?

The Hon. S.G. WADE: The report has certainly not been given to me, but the honourable member's question is very broad and I will need to take it on notice because the honourable member refers to my office and there are a number of people in my office.

Mr PICTON: But just from your perspective, you have not seen the report or been briefed on the report.

The Hon. S.G. WADE: I have not seen the report, no. If it is the one that the honourable member described as 'secret plans to axe doctors, nurses from Adelaide hospitals', the same report that he put his leader in the position of having to make a public retraction, no.

Mr PICTON: When will this report be released?

The Hon. S.G. WADE: My understanding is that the report that the honourable member refers to is an internal working document of a local health network.

Mr PICTON: Has the chief executive of the Department for Health and Wellbeing seen or been briefed on the report?

The Hon. S.G. WADE: I have no idea.

Mr PICTON: Can you ask him? He is right next to you.

The Hon. S.G. WADE: I am the witness and I have given my answer.

The CHAIR: Member for Kaurua, you need to wait for the call, as you are well aware.

Mr PICTON: Does this report recommend any budget cuts or savings?

The Hon. S.G. WADE: As I said, I have not seen the report.

Mr PICTON: What does the report that has been produced by Gloria Wallace from the HardyGroup for CALHN refer to?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: This is the first question I have asked about this.

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: Have you been made aware—

The CHAIR: Member for Kaurana, you will wait to be given the call.

Mr PICTON: Have you been briefed in relation to a report from Gloria Wallace from the HardyGroup in relation to CALHN?

The Hon. S.G. WADE: I do not know the report to which the honourable member refers.

Mr PICTON: How much was Gloria Wallace paid, or the HardyGroup paid, in relation to the report for CALHN?

The Hon. S.G. WADE: As I said, I am not aware of being aware of that report. I have nothing to add to my previous answer.

Mr PICTON: Will you take it on notice?

The Hon. S.G. WADE: No.

Mr PICTON: Such transparency.

The CHAIR: Member for Kaurana, off-the-cuff comments are not necessary. Please refrain from making them. I give you the call to ask a question of the minister.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 13, workforce summary. What was the total number of redundancies offered and accepted via voluntary separation packages last financial year across the department and all local health networks?

The Hon. S.G. WADE: Would the honourable member mind repeating his question?

Mr PICTON: What was the total number of redundancies offered and accepted via voluntary separation packages across the department and all local health networks last financial year?

The Hon. S.G. WADE: I do not have information as to the number offered, but I do have information as to the number accepted. This is last financial year, 2020-21?

Mr PICTON: Yes.

The Hon. S.G. WADE: And it was in relation to the department and each of the local health networks?

Mr PICTON: Yes.

The Hon. S.G. WADE: I am advised that during the 2021 financial year, to June 2021, a total of 93 separation packages were accepted. I remind the committee that SA Health in its broader sense has more than 44,000 employees. In terms of the Department for Health and Wellbeing, 27 separation packages were accepted; in relation to SALHN, 14; in relation to the Northern Adelaide Local Health Network, 22; and in relation to the Central Adelaide Local Health Network, 24. In relation to the Barossa Hills Fleurieu Local Health Network, there were five, and in relation to the Riverland Mallee Coorong Local Health Network, there was one.

Mr PICTON: How many of those were nursing or midwifery staff?

The Hon. S.G. WADE: I do not have the numbers broken down by profession within entities, but across all of those entities, 13 of the 93 were either nurses or midwives.

Mr PICTON: Which local health networks have open offers for further voluntary separation packages?

The Hon. S.G. WADE: I do not know the answer to that question.

Mr PICTON: What was the total amount spent on voluntary separation packages for each of the past two financial years?

The Hon. S.G. WADE: I do not have the answer to that question.

Mr PICTON: Can you take it on notice?

The Hon. S.G. WADE: I am happy to take it on notice.

Mr PICTON: I refer to Budget Paper 5, page 43, the COVID vaccine rollout. For the most recent figures that you have available, what percentage of medi-hotel private security guards have been vaccinated with two doses?

The Hon. S.G. WADE: I have a broad number. In other words, there are almost a thousand people who currently work in the medi-hotel pathway. I am advised that 83 per cent of those are fully vaccinated and that there are employees even today who have been vaccinated from the medi-hotel pathway. I would remind honourable members that the medi-hotel pathway is obviously a workplace where there is a constant turnover of staff and so staff may well have received their first vaccination but not be fully vaccinated, as per the honourable member's question.

Mr PICTON: Why, when we are now many months since the vaccine program started—and these are category 1a workers—do we still have 17 per cent or approximately 170 staff who work in our high-risk medi-hotel environment who are unvaccinated or not fully vaccinated?

The Hon. S.G. WADE: I have already given part of the answer to the honourable member, and part of the answer may well be that some of the employees will be recently recruited employees and either have not had their first dose or, in accordance with the honourable member's question, have not had their second dose, because, I stress, the honourable member asked me how many were fully vaccinated. One of the other factors is that vaccinations are voluntary.

Mr PICTON: What percentage of local health network employees have been fully vaccinated?

The Hon. S.G. WADE: There is a range of vaccination rates. You asked for all health employees. In terms of the local health networks, the advice we have received—the information that is available to them—is it varies between 47 per cent and 82 per cent. I would hasten to add that not all SA Health employees may choose to have their vaccination done through a workplace immunisation clinic. Many presumably would avail themselves of the services of their GPs.

Mr PICTON: Those people are presumably still required to inform the department or their LHN that they have been vaccinated, are they not?

The Hon. S.G. WADE: There is no direction on that. The employers, including LHNs, may well do that.

Mr PICTON: Which LHN was the one at 47 per cent?

The Hon. S.G. WADE: The Flinders and Upper North Local Health Network.

Mr PICTON: Do you have an overall figure across all the LHNs?

The Hon. S.G. WADE: No, I do not.

Mr PICTON: What percentage of disability workers have been fully vaccinated?

The Hon. S.G. WADE: That would have been a question for the Minister for Human Services at estimates this morning.

Mr PICTON: I thought you were in charge of the vaccine program. What percentage of aged-care workers are fully vaccinated?

The Hon. S.G. WADE: Under the national vaccination program, the vaccination of aged-care workers is the responsibility of the commonwealth government.

Mr PICTON: Do you have access to that information?

The Hon. S.G. WADE: I am happy to seek the information from the commonwealth, or the member might.

Mr PICTON: What percentage of Aboriginal and Torres Strait Islander people in South Australia have been vaccinated?

The Hon. S.G. WADE: Again, we are happy to make inquiries of the commonwealth. My understanding is the Aboriginal and Torres Strait Islander identification is a factor that is recorded by AIR, the Australian Immunisation Register.

Mr PICTON: According to the most recent statistics you have, how much stock of both Pfizer and AstraZeneca is on hand in South Australia?

The Hon. S.G. WADE: In terms of Pfizer, I am advised that there is no stock of Pfizer in our SA Health warehouse because we distribute it as soon as we receive it. In terms of what we believe are the stock holdings of Pfizer across the network, we think that by the end of Sunday there will be around 29,000 doses, which is less than one week's supply, so that highlights the supply issues that all states and territories have been highlighting.

Obviously, the situation in relation to AstraZeneca is significantly more comfortable. There will be some in the warehouse and some in the networks, but our understanding is that by the end of Sunday our holdings should be around 57,000.

Mr PICTON: In terms of Pfizer, you said as of Sunday. How much is on hand as of today?

The Hon. S.G. WADE: These are all estimates. With all due respect, we might have known how much we delivered at the beginning of the week but we do not know on each day how much of the stock was used, so this is our estimate.

Mr PICTON: If you do not know that, who would know that?

The Hon. S.G. WADE: I do not think anybody would know that.

Mr PICTON: Why is the Riverland vaccine clinic—

The Hon. S.G. WADE: Just wait a second. The member is helping me be educated. Apparently we do have stock systems that would mean that at the end of each day we could seek a daily update—it is not something I do, with all due respect—but we certainly could not do it at 2.15 in the afternoon.

Mr PICTON: As of yesterday, at the end of the day, how much Pfizer stock was available?

The Hon. S.G. WADE: I do not have the information.

Mr PICTON: Why has the Riverland vaccine clinic, which I believe is based at the Berri hospital, said that they are not going to be able to have Pfizer on stock until September, which is what Mr Champion said to *The Murray Pioneer* this week, I believe.

The Hon. S.G. WADE: I have no means of confirming what the honourable member claims.

Mr PICTON: What percentage of SA Ambulance staff are fully vaccinated?

The Hon. S.G. WADE: I am advised that 35 per cent of SA Ambulance staff are fully vaccinated.

Mr PICTON: What percentage of them have partial vaccination?

The Hon. S.G. WADE: I am advised 41 per cent.

Mr PICTON: Are you concerned that 59 per cent of SA Ambulance workers have not even had one vaccine yet?

The Hon. S.G. WADE: As the Premier has repeatedly said, we want all South Australians to be vaccinated.

Mr PICTON: These workers have been priority 1a or priority 1b since the beginning of the program. Why has it been so difficult to get vaccines to them?

The Hon. S.G. WADE: I cannot recall the month, but I suspect it was April, when it was my good fortune to be at the Oakden ambulance station for the launch of the South Australian Ambulance Service workplace immunisation program. I know that SAAS is continuing to offer vaccinations to its employees. I am confident that they will continue to work with their employees to provide opportunities to vaccinated. Of course, some SAAS employees, like any other SA Health employee, may choose to go to their GP. I do not have line of sight as to how many people have been vaccinated through their GPs and have not notified their SA Health employer. As I said, SA Health and SA Ambulance Service are very keen to make it as easy as possible for employees to be vaccinated.

Mr PICTON: Have there been any approvals for people to be vaccinated outside of their eligibility, under the official guidelines in South Australia, and, if so, how many people?

The Hon. S.G. WADE: I am not really sure which framework the honourable member is referring to. For example, some might say that the Marshall Liberal government's provision of vaccines to South Australians over the age of 16 in regional South Australia is outside of the guidelines.

Mr PICTON: That is not what I mean, but if you do not want to answer, that is fine. Are you aware that there is a COVID vaccine candidate from a team at Flinders University? Have you received any request to meet with that team, and, if so, have you done so?

The Hon. S.G. WADE: I presume the honourable member is referring to Professor Nik Petrovsky. It is my understanding that both members of the department and members of my office have either received presentations from Professor Petrovsky or met with him, but if I am mistaken I will correct the record.

Mr PICTON: Has any funding or support been provided to that team, and are you aware that they are considering moving out of the state, citing the lack of support they have received from the state government?

The Hon. S.G. WADE: I remind the honourable member that the vaccination program, in terms of the development of vaccine candidates and the procurement of vaccines, is a matter for the commonwealth, and I am confident that Professor Petrovsky would have engaged the commonwealth. In terms of the Marshall Liberal government's support for economic development opportunities, that is a responsibility of a different minister.

Mr PICTON: In relation to the new direction covering red zone and mandatory vaccination for people working there, which I believe is coming in in a couple of days on 4 August, how many people in the system will be covered by that and what percentage of them are partially vaccinated?

The Hon. S.G. WADE: Red zones are not a standing zone in that sense. They basically follow the patient in quarantine. Basically, the direction will require that a patient in quarantine, as they enter a health facility, only has contact with vaccinated clinical staff. Local health networks are working through how they can ensure that. As a result, it is not possible for us to estimate the number of employees who may be impacted.

Mr PICTON: I refer to Budget Paper 5, page 46, protecting SA from COVID. Is the minister aware of the circumstances of, I believe, a professional basketball player, Mr Daniel Cioffi, who was working in Spain and has been attempting to return to Adelaide to see his mother, who has terminal cancer?

The Hon. S.G. WADE: I am not clear whether that might have been a case that was raised with my office, but I am happy to make inquiries.

Mr PICTON: Is the minister aware of the current status of his attempt to see his mother, who has terminal cancer?

The Hon. S.G. WADE: No, I am not.

Mr PICTON: Is the minister aware that the Premier personally wrote, I understand, a letter advocating for Mr Cioffi to receive an exemption for travel to Australia?

The Hon. S.G. WADE: No, I am not.

Mr PICTON: Is the minister aware that Mr Cioffi has made his way back to Brisbane, I understand, but has been unable to come back to Adelaide?

The Hon. S.G. WADE: As I said, I am not clear whether or not the case the honourable member refers to is one that has been raised with my office, so I am not really in a position to play 20 questions when I do not have the facts.

Mr PICTON: I will ask a question in relation to the same budget line. In relation to the cost of the hotel quarantine program, including all costs—hotel staff, health, police, etc.—what has been the total cost of the program since the beginning, or in the last financial year, if that is helpful?

The Hon. S.G. WADE: My understanding is that the information I have before me is only in relation to the costs of the Department for Health and Wellbeing. In relation to the 2020-21 estimated result, the net cost of the medi-hotel program is \$85 million.

Mr PICTON: That is the net cost, taking out, I presume, the fees paid for by people.

The Hon. S.G. WADE: Yes.

Mr PICTON: In relation to the fees, how much has been recovered from people and how much is sitting there in unpaid bills today?

The Hon. S.G. WADE: I am advised that for the last financial year there was 18—let's say \$18.5 million of payments received by SA Health in relation to medi-hotel programs, and there is still \$17.9 million outstanding.

Mr PICTON: How many breaches have there been by any staff involved in the program over the past financial year?

The Hon. S.G. WADE: I do not have that information, but I am happy to take it on notice.

Mr PICTON: How many staff have faced warnings, disciplinary action or suspension over the past financial year?

The Hon. S.G. WADE: I am also happy to include that in the answer.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 15, where it refers to the new Women's and Children's Hospital. When will construction on the new hospital start?

The Hon. S.G. WADE: I am advised that there will be some preparatory works in early 2022, and there will be construction work later in 2022.

Mr PICTON: When do you anticipate that contracts will be signed with the lead constructors for the project?

The Hon. S.G. WADE: I am advised that we are planning for a tender for the managing contractor later in 2022 and that an appointment of a managing contractor is expected in early 2022.

Mr PICTON: Sorry, you said the tender was going to be after it was signed?

The Hon. S.G. WADE: Sorry. Just to clarify, the tender will be later this year, and we expect the contract for the managing contractor to be finalised in early 2022.

Mr PICTON: Do you anticipate that before the government goes into caretaker mode in February?

The Hon. S.G. WADE: It is our intention that that would be the case.

Mr PICTON: Is the business case for the new hospital complete?

The Hon. S.G. WADE: The business case is complete and, as the Treasurer indicated in the budget papers, it has gone to Infrastructure SA for analysis.

Mr PICTON: When will that business case be released to clinicians?

The Hon. S.G. WADE: After it has been through the Infrastructure SA process.

Mr PICTON: What is the cost-benefit ratio in the business case that has been sent to Infrastructure South Australia?

The Hon. S.G. WADE: As I said, the report will be released after it has been through the Infrastructure SA process.

Mr PICTON: Have you had any meetings with potential developers for the new hospital, i.e., construction firms, or have people expressed interest in the early tender stages?

The Hon. S.G. WADE: Considering that the managing contracted tender has not even gone out and the member's question was extremely broad as to, as I understand, the potential participants, I would not be in a position to answer that, but let's put it this way: I am not aware of having met with anybody in the context of them seeking to do work on the Women's and Children's Hospital since the government's announcement in the budget.

Mr PICTON: Have there been any meetings with either yourself, your office or departmental staff about the hospital with potential people who would be willing to apply without probity advisers present?

The Hon. S.G. WADE: Obviously, the honourable member knows that question cannot be answered by me from my knowledge.

Mr PICTON: I believe you have said that there will be capacity to expand the hospital in the future. What is the extent of that expansion capacity, i.e., how many square metres?

The Hon. S.G. WADE: I am advised that the expansion capacity of the new Women's and Children's Hospital will be finalised through the concept development process, which is currently underway.

Mr PICTON: Is there a need to seek approval under the Aboriginal Heritage Act for the new hospital, and has that process started?

The Hon. S.G. WADE: I am advised that section 23 approval under the Aboriginal Heritage Act will be required. That process has commenced and the department is not aware of any issues at this stage.

Ms LUETHEN: I refer you to the clinical services plan, Budget Paper 4, Volume 3, page 20. This year, the department is developing a 10-year clinical services plan. How will this plan be developed and how might it take into account the particular needs of the people living in Adelaide's northern suburbs?

The Hon. S.G. WADE: I thank the honourable member for her question. I propose to ask the deputy chief executive, Mr Don Frater, to give an answer.

Members interjecting:

The CHAIR: Member for Kaurna, you do not have the call to ask a question, nor are interjections in order. The minister.

The Hon. S.G. WADE: Mr Frater.

Mr FRATER: Thank you for the question. The clinical services plan enables the state to identify the future capital needs of the sector and it identifies the services that we require to deliver according to the changes that are occurring in both population, due to population growth, and ageing.

The government's principle, that it is operating under, is to attempt to deliver services closer to the community; therefore we are looking at how we manage improvements and increases in activity to the north through NALHN, and particularly in paediatrics. It is a high population growth area with lots of children, and children's services are required into the future. It is part of the drive to create a more service-orientated delivery in a local area. It is population based, so it is seeking to deliver to the community in that area services that they require, and to improve delivery to their population needs.

There are a number of areas across the state that this will impact. It is a 10-year plan. It permits us to calculate a three-year commissioning strategy which will enable LHNs to identify services that they can expand over a longer period, and moves them away from a 12-month commissioning process. It also helps us to deliver our workforce strategies and our capital works needs into the future.

The key areas that we think are going to need to be driven are in the south, in particular, for aged care and the elderly, in the north with paediatrics and for people who are disadvantaged, an increase in activity, and of course Mount Barker where we are seeing a significant growth in both ED and other service requirements. It is a significant piece of work which we have commenced. We will probably finish later this year and it will be utilised to then drive a whole heap of additional work which will identify what is the future of our health system in the state.

The Hon. S.G. WADE: If I may add to the comments by Mr Frater, it actually does relate back to the question from the honourable member for Kaurna in that one of the areas where the Northern Adelaide Local Health Network is not self-sufficient is particularly in those lower acuity paediatric areas.

I just want to pay a tribute to the strong collaboration between not only the Northern Adelaide Local Health Network management and the Central Adelaide Local Health Network management but also the respective boards. They have each been in very collaborative discussions about how best to deliver services to both the statewide constituency of the Royal Adelaide Hospital—sorry, what I meant to say was the Women's and Children's Hospital board and the NALHN board—the statewide responsibility of the Women's and Children's Hospital and the more geographically-defined focus of the NALHN board.

The NALHN board has been extremely focused on the broader health needs of their community. They have a community which has lower socio-economic indicators, and that board is very keen to make sure that they respond in a sensitive way both culturally and to the different cohorts which they serve.

Mr PICTON: My question is in relation to Budget Paper 4, Volume 3, page 16, the Women's and Children's Hospital sustainment. Is it correct that there is only \$4.4 million of sustainment works left to spend at the current Women's and Children's Hospital site? Will there be any additional funding to be spent on the existing site between now and I believe seven years' time when the new hospital is scheduled to open?

The Hon. S.G. WADE: I do not have the figure for the residual, but it certainly is the case that we are coming to the end of the \$50 million sustainment works budget that this government committed to. It is certainly the expectation of the government that there will need to be further investment in terms of sustainment. I have had discussions with the Treasurer, and my department is doing work on that.

Mr PICTON: What is the total medical equipment backlog at the current Women's and Children's Hospital?

The Hon. S.G. WADE: I should clarify: I am advised that the bid for sustainment works is likely to include some equipment expenditures. That is just to clarify that fact. In terms of the question about the outstanding requests for medical equipment, I am happy to take that on notice.

Mr PICTON: In relation to the Women's and Children's Hospital Local Health Network, Budget Paper 4, Volume 3, page 39, what is the scope of the investigation currently underway in relation to the Women's and Children's Hospital emergency department? When is that investigation expected to report and will that report be made public?

The Hon. S.G. WADE: Just a point of clarification: that review was initiated by the Women's and Children's Hospital Local Health Network, so I will need to take that on notice and refer that question to them.

Mr PICTON: So you have not been briefed in relation to that investigation at all?

The Hon. S.G. WADE: I have certainly had briefs in relation to the fact that the Women's and Children's Hospital has commissioned a review. I welcome that. I welcome the fact that our local health networks are always looking to improve their services.

Mr PICTON: What is the scope of that review?

The Hon. S.G. WADE: As I said, I am happy to take the honourable member's question on notice.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 28, Central Adelaide Local Health Network. It has been publicly reported that the Department of Human Services is running a service based out of SA Health's Hampstead hospital site. Is there a contract in place in relation to that? If so, what are the financial terms and what is the length of time?

The Hon. S.G. WADE: I am happy to take the question on notice and seek information from the Central Adelaide Local Health Network.

Mr PICTON: What assurances have been sought and received regarding the safety and quality of services to be provided in that area of Hampstead, which is now being run by DHS?

The Hon. S.G. WADE: As I said, I am happy to take this question on notice, but my understanding is that the patients the honourable member refers to are not clients of SA Health.

Mr PICTON: I believe they were previously. It is on SA Health's site. It has been reported that the Health and Community Services Complaints Commissioner is conducting an investigation. Is the minister aware of that, and has SA Health or CALHN been asked to provide any information as part of that investigation?

The Hon. S.G. WADE: In terms of CALHN, they can provide information in the context of the answer that I have already proposed that they provide.

Mr PICTON: Are there any adverse outcomes and reports of poor treatment that the minister has been briefed in relation to?

The Hon. S.G. WADE: Certainly, there have been public reports of patient care concerns in relation to Hampstead. As I said, it is a relationship between CALHN and the Department of Human Services, and my understanding is they are not SA Health patients.

Mr PICTON: What action has the minister taken since becoming aware of those concerns about patient care?

The Hon. S.G. WADE: As I said, my understanding is that these are not SA Health patients.

The CHAIR: I will shift to my right, as we have not had one for a while. The member for Newland.

Dr HARVEY: Thank you very much, Chair. My question relates to Budget Paper 4, Volume 3, page 32. Could the minister please provide an update on the upgrades to the Modbury Hospital and how they will impact on the delivery of health services for Adelaide's north-eastern suburbs?

The Hon. S.G. WADE: I thank the honourable member for his question. The state of the Modbury Hospital was one of the issues that confronted the Marshall Liberal government on its election. The downgrading of the Modbury Hospital under the Transforming Health experiment was very damaging to the provision of care services closer to home, so we were very keen to deliver on our commitment to invest in the Modbury Hospital.

In terms of the redevelopment, in the broader sense I will ask the executive director for infrastructure to address that in a moment, but I would just reiterate that this government in this budget is going above and beyond its election commitments. It is going above and beyond its election commitments because in this budget we are investing substantially in mental health services.

As the honourable member knows, Woodleigh House and the mental health services at the Modbury Hospital site are well past their use-by date. In fact, in the very early years of this government, the Premier and I both accompanied honourable members from the local community to inspect the facilities at Woodleigh House. It was very clear then that this was not the place to provide mental health care to South Australians, so I am delighted that this government is investing even more money in the Modbury Hospital on this occasion in relation to mental health services. I will ask Mr Hewitt to put that investment in the context of the whole redevelopment.

Mr HEWITT: The South Australian government has committed \$98.1 million to the Modbury Hospital redevelopment project, delivering an exciting transformation to the hospital through the investment of world-class infrastructure. As the minister has mentioned, there is now a further investment into the replacement of the Woodleigh House project of \$48 million.

The scope of the works of the Modbury Hospital upgrade work included construction of a new emergency extended care unit; an upgraded surgical unit, including additional procedural spaces; a new four-bed high dependency unit; a new outpatient department; a new administration area in order to create the capacity for a new palliative care unit; improvements to the building facade; and a whole range of engineering works to enable the hospital to be fit for purpose moving into the future.

Delivering a major upgrade to an operational hospital is a very challenging process, and the hospital, the project team and the builder, Built Environs, have done an extremely good job in delivering quality construction while the health services have been underway. It has been achieved through careful planning, a staged approach to ensure that the effective clinical functions are safe and ensuring that the broader environment can continue to operate appropriately.

We have made substantial progress. We completed the emergency extended care unit back in August 2019. We have replaced the masonry facade. We have relocated administration to pave the way for palliative care. We have completed the development of a new outpatient department and, importantly, provided new accessible car parking improvements, including an additional six disabled car parks with really appropriate access into the front door of the hospital. We have done engineering upgrades. We have completed the four-bed high dependency unit and we have now completed the operating theatres and two new procedure rooms and completed that component of the project eight months in advance of its schedule.

So we are now into the final phase of this current work where we are underway on the 20-bed palliative care unit, which is at ground level, and also completion of the short stay general medicine unit. Following those works being completed early in 2022, we will then complete works with an upgrade of the lifts on site before then moving into the next phase of works, which would be the redevelopment of Woodleigh House.

The CHAIR: The member for Frome is seeking the call. I use my discretion, although he is not formally part of the committee, to recognise the member for Frome.

The Hon. G.G. BROCK: I refer to Budget Paper 4, Volume 3, page 14. For the Leigh Creek health clinic you have an estimated completion date of June 2023 with a budget of \$1.8 million but only \$270,000 for this budget coming forward. Can you give us an update on where that is and how that is going to progress, and also how the people of Leigh Creek will be able to access services during the interim period?

The Hon. S.G. WADE: I thank the member for Frome for his question. As he says, the budget papers report that \$270,000 of the project will be spent this financial year. The total budget is \$1.8 million. It is proposed to be completed in the June quarter of 2023. I am advised that \$1.5 million will be spent in the next financial year. As part of the COVID-19 economic stimulus package, the government committed to the construction of a new health clinic at Leigh Creek to align with the government's strategy for the township.

The Department for Health and Wellbeing infrastructure branch is currently undertaking a planning and feasibility study in consultation with the Flinders and Upper North Local Health Network and the South Australian Ambulance Service, interfacing with the Department for Infrastructure and Transport on township and property matters. Sorry, honourable member, what was the element in relation to community consultation?

The Hon. G.G. BROCK: I asked the minister: in the interim period, will there be any impact on the residents or travellers through Leigh Creek going to the outback because this may not be fully completed at this particular point?

The Hon. S.G. WADE: I will take that on notice, if you do not mind. My understanding was that there are interim arrangements in place. My understanding was that one of the medical practitioners who has been involved in the Leigh Creek township is working with the local health network to maintain not the full services that served the township in the past but some services. I will certainly get details from the network and get back to the honourable member.

The Hon. G.G. BROCK: I refer to Budget Paper 4, Volume 3, page 15. We have psychiatric intensive care beds. We have a budgeted estimated completion date of 22 June for \$12 million. Can the minister advise whether any of those intensive care beds will be for regional South Australia?

The Hon. S.G. WADE: The honourable member's question relates more to the next set of officers.

The CHAIR: The expenditure line quoted sits in the portfolio that we will address at 4.15, so unfortunately it is out of order to ask the question, but I will leave it in the minister's hands, if he does want to provide an answer.

The Hon. G.G. BROCK: I will come back later on, Mr Chair.

The Hon. S.G. WADE: If the member is not able to do that, I will certainly correspond with him.

The Hon. G.G. BROCK: Sorry, I am going between two estimates committees, Mr Chair. If you could perhaps take that on notice, minister. On page 16 you have SA Ambulance Service vehicle replacement. I know this might not be the right session, but are any of those vehicle replacements under the \$8 million and then \$13 million for the next year in regional South Australia?

The CHAIR: That question is in order and relevant to this session.

The Hon. S.G. WADE: I will certainly take the honourable member's question on notice, but in relation to the most recent distribution of ambulance vehicles—I seem to recall there were 42—my understanding is that a significant portion of those went to country South Australia. It has not been the practice of the Ambulance Service over the years, but it has certainly been recognised by the Ambulance Service that to put, shall we say, an ambulance into country service towards the end of its useful life is a big ask—the asset is already tired. My understanding is that that is one of the reasons the Ambulance Service had a particular focus on country South Australia in the last round, and I will certainly seek an indication of their intentions in relation to this current round.

I also make the point that this government has a keen interest in the delivery of ambulance services in country South Australia. I know the honourable member would be aware that the government is investing more than \$4 million in a new ambulance station at Port Augusta. In terms of the 74 additional paramedics budgeted in this budget, I think a third of them are destined for country service, particularly, as I understand it, where an ambulance station has an on-call element and has a level of activity that is beyond what is normally expected for an on-call site, to relieve them of the on-call work.

It was my pleasure, when I visited Whyalla recently, to visit the Whyalla ambulance station, which is a shared facility with the fire service, and talk to them about the work being done in that region to withdraw on-call rosters. That is an initiative that is strongly welcomed by the Ambulance Service, because on-call rosters are very tiring. We appreciate that, in many country towns, the Ambulance Service has significant demands, and to have an on-call roster on top of a busy ambulance station is not good for the ambulance crews and not good for those they seek to serve.

Mr PICTON: In relation to Budget Paper 4, Volume 3, page 28, CALHN, is the pool at Hampstead hospital closed permanently and, if not, when is it scheduled to be closed permanently?

The Hon. S.G. WADE: Due to COVID-19 restrictions, and following expert advice from the Central Adelaide Local Health Network's infectious diseases unit, the Hampstead Rehabilitation Centre hydrotherapy pool is currently only available to patients who require hydrotherapy for their rehabilitation. This is consistent with practice at the pool since its opening, with access to the pool prioritised for patients. I am advised that no decision has been made by CALHN about the long-term future of the pool.

Mr PICTON: The same budget line: when is the government scheduled to close the St Margaret's site?

The Hon. S.G. WADE: I presume the honourable member is referring to the former government's decision to close St Margaret's Hospital?

Mr PICTON: I understand you are continuing with that, are you not?

The CHAIR: Member for Kaurana, as we have said through this process, and as you have adhered to most of the time, when the minister is providing an answer he will be heard in silence.

The Hon. S.G. WADE: Currently, the government is actually investing in St Margaret's Hospital. I am advised that works to address the collapsed sewer pipe at St Margaret's Hospital are progressing and that patients continue to be admitted from the Central Adelaide Local Health Network to the St Margaret's Hospital program, located at Lourdes Valley.

The St Margaret's multidisciplinary team continues to work with patients and their families to access a permanent residential aged-care placement or placement through the Transition Care Program, which focuses on an improvement of the functional independence of patients. I am advised that it is not yet determined when the St Margaret's site will be ready for use.

Mr PICTON: So there are no plans to close St Margaret's.

The Hon. S.G. WADE: The government is looking at the long-term capital needs of CALHN—I should say that CALHN is looking at the long-term capital needs of CALHN—and I remind honourable members that it was the former Labor government that decided that St Margaret's should close.

Mr PICTON: Is that the policy of the government?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: Budget Paper 4, Volume 3, page 25, refers to revenue associated with parking. What was the total revenue received from the general public for all public hospital car parks over each of the last two financial years?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: When do the state budget's estimates presume that the free parking for hospital staff will end?

The Hon. S.G. WADE: Committee Chair, I almost fear that I might tread into the domain of the Treasurer, but if I can do that tentatively. My understanding is that Treasury, for the purposes of budgeting, assumed that the declaration came off on 1 July past and that it is proposed that, if the declaration is taken off during this financial year, an adjustment will be made for the intervening period.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 13, your ministerial office. What is the role of Kathleen Bourne in your ministerial office? Is it correct that Kathleen Bourne is a Liberal candidate for the Legislative Council at the next election?

The Hon. S.G. WADE: Kathleen Bourne is a ministerial adviser, and she has a particular responsibility in relation to COVID pandemic matters.

Mr PICTON: Is it correct that your ministerial adviser has nominated to fill the casual vacancy of David Ridgway?

The Hon. S.G. WADE: I am not in the practice of commenting on the personal affairs of my staff.

Mr PICTON: Has your ministerial adviser Kathleen Bourne ever used any government resources to further her prospect as a candidate for election, either at the state election or for internal party contests for the casual vacancy?

The Hon. S.G. WADE: I am very confident that she has not.

Mr PICTON: Did your ministerial adviser Kathleen Bourne accompany you on a visit that you undertook to the Mid North on 6 June this year?

The Hon. S.G. WADE: My recollection is that she may have received a lift home with me, but she is a resident of the Mid North and was in the Mid North. Sorry, I should clarify that: she is not a resident of the Mid North now, but she is a former resident of the Mid North, and my understanding is that she was already in the Mid North for other matters.

Mr PICTON: So she was not working for you as your ministerial adviser when she was photographed in *The Flinders News* for a meeting with the Liberal Party's Stuart electoral council on that day?

The Hon. S.G. WADE: It is not my practice to travel with a ministerial adviser in terms of supporting me at functions, and I did not have a ministerial adviser supporting me at that function.

Mr PICTON: But you did have a ministerial adviser with you, because you were photographed with her in the *Flinders News*.

The Hon. S.G. WADE: As I said, it is not my practice to take ministerial advisers to functions, and Kathleen Bourne was not at that function as my ministerial adviser.

Mr PICTON: Is it correct that your ministerial adviser Kathleen Bourne has taken one month's leave to campaign for the casual vacancy in the Legislative Council?

The Hon. S.G. WADE: Again, the honourable member has erred into the area of asking me to comment on the personal affairs of my staff, and that is not a matter that is dealt with in this budget.

Mr PICTON: Well, the ministerial office is in the budget. In any case, Budget Paper 4, Volume 3, page 27, Health Services. Earlier this year, it was reported in *The Advertiser* that there was a \$7 million tender for a patient feedback mechanism that you had launched. Has that tender been awarded?

The Hon. S.G. WADE: I may need to verify what the honourable member is referring to. I presume it is the statewide patient-reported measurement system. The Commission on Excellence and Innovation in Health, which is an attached unit to the Department for Health and Wellbeing, is driving, delivering and successfully achieving the business case for a statewide patient-reported measurement system, which is intended to provide real-time engagement on experience on outcomes at micro and macro levels. I am advised that the implementation commenced on 1 July 2021.

So that it does not get confused with, shall we say, public opinion data, I wonder if I might ask the chief executive of the department to explain about patient-reported measurement.

Dr McGOWAN: Thanks, minister. This is a very important part of designing a system that is continually informed by the results of patient outcomes and patient experience. This is a project that has been led out of the Commission for Excellence and Innovation in Health. The process seeks to build a continuing database of the results—physical results, biological results—of people who enjoy our health services and complement those with the patient experience. This whole process goes towards trying to calibrate the system so it is informed by the fundamental prospect of patient experience times patient outcomes over cost to the community. That is the value proposition.

We believe that over time, as we start to calibrate the system, identify the patient outcomes and patient experience relative to the cost of delivering the services, we will continually drive the system to be more and more valuable and focus on the value it generates to the public. We think this is a very important strategic platform for health services. It has been adopted around the world. My understanding is, if indeed we are referring to the PREMs and PROMs project here, it is well developed in other parts of the world and is increasingly becoming a part of the health system planning architecture.

Mr PICTON: Thank you, but my question was: has the tender been awarded?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: What is the value of the tender?

The Hon. S.G. WADE: I am not aware of that.

Mr PICTON: Can you take that on notice?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: I refer to Budget Paper 5, page 43, Additional support for the SA Ambulance Service. The four-year cost next year is \$11.5 million. Does that represent solely the employment of

the additional 74 SA Ambulance staff and therefore is that approximately \$155,000 each, or are there additional training onboard costs? Can you essentially breakdown what that \$11.5 million is going to be spent on?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Are there any offsetting savings as part of this, i.e., reductions in overtime expenditure, and, if so, what are those offsetting savings?

The Hon. S.G. WADE: I am certainly happy to seek a response from SAAS. I suppose going back to my answer to the question of the honourable member for Frome, of course there would be offsetting savings in terms of no longer needing an on-call allowance for country crews that currently run on call.

Mr PICTON: There is also \$1.956 million for investing. I understand it is reported in the budget that there will be six additional ambulances and also the fit-out of ambulance stations. Can you break that down in terms of how much is for the extra ambulances and how much is for the fit-out of the stations?

The Hon. S.G. WADE: I am happy to do that.

Mr PICTON: Which stations are being refitted?

The Hon. S.G. WADE: Again, my understanding is that the ambulance station refit relates at least in part to the crews that I was referring to. My understanding is that as you go off an on-call roster, you have more need to provide in-station accommodation and services for ambulance officers and paramedics. In fact, when I was at the Whyalla station, they were talking to me about how they might be able to accommodate their withdrawal from the on-call roster.

Mr PICTON: When are the 74 additional staff expected to start work?

The Hon. S.G. WADE: My understanding is that the first cohort of FTE, which will be around 20 FTE, are employees finishing their internship. My understanding is that if they have not started now, they are expected to start shortly.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, page 16. Can the minister please provide an update on the changes to the scope of the stage 3 redevelopment of The Queen Elizabeth Hospital, following consultation?

Members interjecting:

The CHAIR: Members, there is no need to interject.

The Hon. S.G. WADE: The QEH stage 3 redevelopment includes the following elements:

- an upgraded cardiac catheter laboratory;
- a new multilevel car park;
- a new clinical science building—in particular, the clinical science building involves the emergency department;
- operating theatres and day surgery;
- an intensive care unit;
- a new cardiac catheter laboratory;
- a central sterilising services department;
- the relocation of general rehabilitation services from Hampstead;
- a rehabilitation centre; and
- associated site infrastructure upgrade works.

Through the concept development process for The Queen Elizabeth Hospital significant work was done in terms of the appropriate facilities to be housed in the new clinical services building. That

work was led particularly by Rachael Kay and Paul Lambert. The feedback I received was that it was extremely positively received, to the extent that people involved in the new Women's and Children's Hospital engaged with the CALHN team in terms of their experiences of consumer and clinician engagement.

Again, it was my pleasure to be at the opening of the new multilevel car park in December 2019, and to meet with some consumer representatives who were extremely positive about their engagement in that project. I am confident that has continued through. As a result of that concept development work and other work by both the department and the Central Adelaide Local Health Network, an additional \$50 million was approved for the clinical services building.

The Treasurer does not like the pattern here: when the Minister for Health and Wellbeing goes to consult clinicians and consumers, somehow the cost goes up. The same thing happened with the new Women's and Children's Hospital. Because we are actually genuine, unlike the former Labor government which thought it was sensible to build a new Royal Adelaide Hospital without effectively engaging consumers and clinicians, we have—

Members interjecting:

The CHAIR: Member for Hurtle Vale, member for Kaurana—minister, if you could please pause. Both the member for Kaurana and the member for Hurtle Vale, and the member for Playford, will not interject. The minister will be heard in silence. He is very capable of answering, and happy to answer in any way he so wishes.

The Hon. S.G. WADE: I actually think there is a political science thesis in this. The *Hansard* will show that whenever Labor Party members get embarrassed, the interjections increase dramatically.

Mr PICTON: Point of order: there was a very specific question about The Queen Elizabeth Hospital. The minister talking about the opposition is debating the answer.

The CHAIR: The minister is providing a level of preamble around this question. He has the call.

Members interjecting:

The CHAIR: Member for Hurtle Vale, you will not interject.

Ms COOK: I withdraw the word 'lie'.

The CHAIR: Nobody asked you to withdraw, but if you are happy to withdraw, let the *Hansard* show that that comment was withdrawn by the member for Hurtle Vale.

The Hon. S.G. WADE: In spite of the embarrassment of Labor members, this government is proud of its achievements in consulting with consumers, consulting with clinicians and delivering quality health infrastructure.

The CHAIR: Given that the time has expired for the examination of payments in relation to the portfolio of SA Health, there are no further questions and I declare the examination of the portfolio SA Health complete.

Sitting suspended from 16:15 to 16:30

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Dr J. Brayley, Chief Psychiatrist, Department for Health and Wellbeing.

Mr D. Frater, Deputy Chief Executive, Department for Health and Wellbeing.

Mr J. Logie, Executive Director, Corporate Communications, Department for Health and Wellbeing.

Mr J. Woolcock, Executive Director, Finance, Department for Health and Wellbeing.

The CHAIR: We will get underway for the afternoon session in Estimates Committee B. The next lot of proposed payments relate to the portfolio of SA Health, mental health and substance abuse. The minister appearing is again the Minister for Health and Wellbeing. The estimates of payments are those referenced earlier for the Department for Health and Wellbeing, the Commission on Excellence and Innovation in Health and Wellbeing SA. I advise that the proposed payments remain open for examination and call on the minister to make an opening statement in regard to this portfolio, should he wish.

The Hon. S.G. WADE: I may, for the information of honourable members, advise that Ms Lynne Cowan and Ms Julianne TePohe have left us, and I have been joined by Dr John Brayley, the Chief Psychiatrist.

The Marshall government has a strong commitment to and record of investing in and supporting mental health services, including launching the Mental Health Services Plan, the first time this state has had such a plan in a number of years. The 2021-22 state budget continues the delivery of that plan with a number of initiatives supporting South Australia's mental health system. Funding of \$163.5 million has been provided to strengthen the state's mental health system, providing additional support services and investing for the future with the aim of creating a more resilient and flexible system.

Elements of the package include a new crisis stabilisation centre in the northern suburbs; the creation of additional psychiatric intensive care bed capacity; a new older persons mental health facility; an increase in community mental health services; a continuation of time-limited COVID supports; additional support for the delivery of urgent mental health care; additional housing for people with a mental health disability; and supporting immediate staffing, training and recruitment needs.

The Marshall government also recognises the significant mental health challenges presented by the COVID-19 pandemic and has worked to support South Australians affected with a \$15.1 million plan, which has been allocated across a range of mental health initiatives and drug and alcohol services in response to the pandemic. An additional \$5 million has also been invested over the 2021-22 financial years in response to the bushfire crisis through the increase of mental health clinical services in impacted areas. Finally, the new \$14 million Urgent Mental Health Care Centre, which has been established on Grenfell Street in collaboration with the commonwealth government and Neami, will be expanded to a 24-hour service through this budget.

The government is also committed to reducing the harms of alcohol, tobacco and other drugs in the South Australian community, including health, social and financial impacts. South Australian population survey and wastewater data indicates that the use of alcohol and illicit drugs has shown some decline in recent years. The use of methamphetamines, pharmaceutical opioids and heroin has reduced. Average levels of alcohol consumption have reduced, with average levels in 2020 the lowest since sampling began in 2016.

We know that the COVID-19 pandemic has been difficult for many South Australians. To support the community during this time, additional funding has been extended to increase access to alcohol and other drug treatment and support. It is important that individuals and families can easily access information and support for substance misuse. To facilitate this, SA Health manages the Know Your Options website.

I would like to sincerely thank our frontline staff, the doctors, nurses and midwives and allied health professionals, along with our administrative staff, who work within our mental health services and our Drug and Alcohol Services, for their commitment and dedication, working tirelessly every day to deliver quality and safe care to our clients.

The CHAIR: Member for Kaurana, do you wish to make an opening statement?

Mr PICTON: No.

The CHAIR: There being no opening statement, I call for questions.

Mr PICTON: My question is in relation to Budget Paper 4, Volume 3, page 27, Health Services. Over the past financial year, what was the funding that was spent under the Individual Psychosocial Rehabilitation and Support Services and GP Access program?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: For the same two programs, what was the funding for the previous financial year?

The Hon. S.G. WADE: I am happy to take those on notice as well.

Mr PICTON: For the same two programs, what is the funding in the budget for this coming financial year?

The Hon. S.G. WADE: Sorry, I thought that was question number 1.

Mr PICTON: No.

The Hon. S.G. WADE: I am happy to consult *Hansard* so that it might be clearer.

Mr PICTON: The first question was about the past financial year, the second question was the one before that and the third question was the coming financial year. Are you happy to take them all on notice?

The Hon. S.G. WADE: I am happy to take all three questions on notice.

Mr PICTON: How many clients have been assisted by both the IPRSS and GP Access programs over each of the past two years?

The Hon. S.G. WADE: And number 4.

Mr PICTON: Number 4, what?

The Hon. S.G. WADE: And question number 4 I also take on notice.

Mr PICTON: Has there been a 25 per cent cut to the IPRSS and GP Access funding?

The Hon. S.G. WADE: As I needed to take the first four questions on notice, I will take the fifth question on notice.

Mr PICTON: Was the decision to cut funding from these mental health programs imposed by Treasury? I refer to emails released under FOI, including from your advisers here today. The first is from Dr Brayley on Thursday 23 May 2019 at 11.25pm, when he said:

Mental health NGOs are very concerned that 25% of the NGO budget will be t/f to the NDIS in 19/20...

We had a number of NGO reps at our task force this afternoon and they were arguing the reduction should be delayed for a year. Treasury has already made this decision to reduce the SA Health NGO budget.

Dr McGowan then said the next day, Friday 24 May 2019 at 7.10am:

Hi John—I am not surprised. I actually don't know how this decision was made.

After the difficulties with other areas of the NDIS/NDIA and acknowledging that they are still getting on their feet with the process etc, I would support the NGO sector. But, I assume the decision was made in DPC?

Lyn Dean then said, 21 minutes later, on the same day:

The decision was made by Treasury. We raised all the issues that John identifies however Treasury took the view that the NGO sector has had year...to get ready for this...

It's a challenging space and Chris raised a good point with NDIS about sharing risk and being more responsible.

The Hon. S.G. WADE: Sorry, was there a question there?

Mr PICTON: Yes, the question was: was the decision made imposed by Treasury?

The Hon. S.G. WADE: I might totally reject the premise of the honourable member's question. This was a transfer of funding to the federal government under an NDIS transition arrangement, signed off by the former Labor government.

Mr PICTON: As Dr Brayley said in his email, 'People are concerned that 25 per cent of the NGO budget will be transferred to the NDIS,' to which your chief executive, Dr McGowan, said, 'I don't know how this decision was made,' and then Lyn Dean, who was in the department at that stage, said that the decision was made by Treasury. Was Lyn Dean correct that the decision was made by Treasury?

The Hon. S.G. WADE: I am really surprised that the honourable member would take this line of questioning, considering that earlier this month his leader had to make a public retraction for misstatement of facts.

Mr PICTON: Are you going to answer the question?

The CHAIR: Member for Kaurana!

Mr PICTON: Point of order, this is debate.

The CHAIR: Member for Kaurana, there is no point of order at this stage. The question that was asked was broad in nature, there was insertion of facts contained in the question—

Mr PICTON: Was Lyn Dean's statement correct?

The CHAIR: Member for Kaurana, I do not need to hear the question again. I was well and truly listening to the question.

Mr PICTON: I am not sure you listened to it the first time.

The CHAIR: As I have said so far today, as has been adhered to so far today, the minister will be able to provide his answer in silence.

The Hon. S.G. WADE: Just as the honourable member has run a misinformation campaign about—

Mr PICTON: Oh, come on—that is against standing orders, Chair. You are not allowed to impute improper motive by a member. Maybe you can in the Legislative Council, but not here in this house. I ask you to stop the minister from raising such points in this debate.

The CHAIR: I was not able to hear the conclusion of the minister's comment.

The Hon. S.G. WADE: That is because I was not allowed to conclude.

The CHAIR: I am happy for him to start again. Unfortunately, the cut in to the minister's answer was so quick that I was not able to hear it. Perhaps we will give the minister an opportunity to provide his answer.

The Hon. S.G. WADE: The honourable member's question reminds me of the constant misinformation that was put into the public domain by the opposition and advocates, asserting that—

Mr PICTON: This is their email.

The Hon. S.G. WADE: —there had been a cut to mental health services. That is a distortion—

Mr PICTON: I can table it.

The CHAIR: Member for Kaurana, again, the minister is able to provide his answer in silence.

Mr PICTON: He is doing so out of order, sir. It is simply debate.

The CHAIR: There is not debate in the answer that is being provided.

The Hon. S.G. WADE: Clearly, the honourable member is not confident that he has enough questions to get through this session. He wants to—

The CHAIR: Minister, I will call you up there—

Members interjecting:

Mr PICTON: I am happy to move for an extension of two more hours for estimates today if the minister would like.

The Hon. S.G. WADE: I just wonder why he is filibustering in his own estimates' time.

Members interjecting:

The CHAIR: Members, enough, member for Playford, member for Hurtle Vale, member for Kaurana! I will ask the minister to stay on track. The last point made was perhaps veering into the territory of being debate. If he could continue. Minister.

The Hon. S.G. WADE: I am sorry, Chair. Let me come back to the facts. The facts are that the honourable member's question seeks to rerun arguments that the opposition ran in the public domain, asserting that this government had made cuts to mental health services when all this government was doing was implementing legally binding agreements with the commonwealth, signed by the former Labor government.

Mr PICTON: A question in relation to Budget Paper 4, Volume 3, page 27, Health Services: what was the average amount of time per mental health patient that a patient spent in metropolitan emergency departments over the last financial year?

The CHAIR: I also remind the member for Kaurana that this is not question time; this is a committee of the whole. There is the ability for the minister to answer as he wishes, provided it has a degree of relevance.

The Hon. S.G. WADE: I do not have a figure for the full financial year. The most recent data I have relates to May 2021. What I am advised is that the average waiting time for adults and older mental health patients in metropolitan hospital emergency departments was 12.8 hours. I am advised that in October 2014 it was 18.5 hours.

Mr PICTON: Is that one month in time or for the year to date to May?

The Hon. S.G. WADE: It was the month in time.

Mr PICTON: What about the year to date to May? Do you have that figure?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: How does that compare to the previous financial year?

The Hon. S.G. WADE: I am also happy to take that on notice.

Mr PICTON: Can you also provide on notice a breakdown of that by local hospital network?

The Hon. S.G. WADE: No, because six of our 10 local health networks do not have metropolitan emergency departments.

Mr PICTON: Can you provide a breakdown by the metropolitan local health networks?

The Hon. S.G. WADE: Yes.

Mr PICTON: What is the total number of mental health patients who waited more than 24 hours for a bed in emergency departments over the past financial year?

The Hon. S.G. WADE: I am advised that the number of episodes was 1,446.

Mr PICTON: How does that compare to the previous financial year?

The Hon. S.G. WADE: I do not have that data.

Mr PICTON: Can you take that on notice?

The Hon. S.G. WADE: Yes.

Mr PICTON: How many mental health patients have waited more than two days in emergency departments for a bed?

The Hon. S.G. WADE: I do not have that information.

Mr PICTON: Can you take that on notice?

The Hon. S.G. WADE: I will inquire as to how easily it can be obtained. Not every permutation of data is easily obtained.

Mr PICTON: For those 1,446 patients, what does that represent as a percentage of all mental health patients over that financial year?

The Hon. S.G. WADE: I will see if a comparator can be provided.

Mr PICTON: What was the longest time a mental health patient waited in an emergency department for a bed in the past financial year?

The Hon. S.G. WADE: I do not have that data.

Mr PICTON: Can you take that on notice?

The Hon. S.G. WADE: Yes.

Ms LUETHEN: My question is from Budget Paper 4, Volume 3, page 14. Could the minister please outline what services and level of care the new \$20.4 million capital build for a 16-bed crisis stabilisation centre will provide to the people of the north-eastern and northern suburbs of Adelaide?

The Hon. S.G. WADE: I thank the honourable member for her question. The question does take us to the positive way forward in terms of the honourable member for Kaurna's questions in relation to unnecessarily long waits. We are very determined to provide more timely mental health care, and one of the key ways we are doing that is by establishing adult mental healthcare centres.

Everybody appreciates that a busy emergency department is often not a good therapeutic environment for a person with mental health challenges to receive diagnosis or treatment. That is why this government, in partnership with the commonwealth, established the Urgent Mental Health Care Centre in Grenfell Street. The crisis stabilisation centre in the northern suburbs builds on that concept, not only by providing a facility where people can come to receive counselling and support but also where people might be admitted into an overnight facility.

The initiative provides \$20.4 million in investing funding over three years and operating funding of \$4.2 million in 2023-24, growing to \$8.5 million per annum from 2024-25, to build and operate a new 16-bed crisis stabilisation facility in the northern suburbs to support the mental health needs of the community. The 16 beds will be provided for patients who otherwise would have required inpatient care and should be considered as equivalent to 16 inpatient beds.

The service will aim for a three-day length of stay and provide an appropriate therapeutic environment for people to stabilise in a period of mental health crisis and then return to the community. I might ask the Chief Psychiatrist whether he would like to provide more detail on the service.

Dr BRAYLEY: The crisis stabilisation centre is also called a 'crisis retreat' in the Mental Health Services Plan. People will be able to go there for urgent mental health care, basically hospital triage level 3 or below. They can self-present or be taken there by ambulance or police. In addition to having a living room environment with chairs and a comfortable homelike or therapeutic space for people to be assessed—certainly lower stimulus than an emergency department—the crisis stabilisation centre has beds well. So it will be able to accept more people than the Urgent Mental Health Care Centre can, simply because of the bed capacity.

It still combines a focus on having technical expertise from professional workers with a peer workforce. Because of the model that has beds as well, the number of peer workers is likely to be around the 20 per cent to 30 per cent mark, which is not as high as it is at the Urgent Mental Health Care Centre. It is an engaging therapeutic environment but deals with significant levels of acuity. This is described in the plan.

Last year, the Substance Abuse and Mental Health Services Administration in the United States produced crisis guidelines for all aspects of a crisis response system. It goes into some detail about what a crisis stabilisation centre should deliver and has been able to deliver in places overseas. When I started, there was concern from people in NALHN (Northern Adelaide Local Health Network) that they did not have an intermediate care centre, which in the past was the community model for providing care for people in crisis.

This more modern version basically has more staffing, a design that is comfortable but with good lines of sight and an ability to take involuntary clients as well as voluntary ones and is therefore

not a step-up step-down from inpatient care but the equivalent of inpatient care for this group of people.

It will meet a gap that has been there in the north, but critically, in terms of ED and hospital diversion, we would like to think, just as it is with the Urgent Mental Health Care Centre, that people will want to go there earlier rather than staying back and waiting until a time when they are more unwell and then possibly needing admission or a longer admission. Also, the centre will clearly be providing extra bed capacity, which is needed as well. So first and foremost addressing the needs of the people who will use it, but also assisting emergency departments and our hospital system.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 28, Central Adelaide Local Health Network. The former executive director of mental health in CALHN, Professor John Mendoza, has reported publicly that his area was given a \$5 million savings task last financial year. How much of that \$5 million savings task was achieved in CALHN mental health services?

The Hon. S.G. WADE: I can advise that the June interim actual expenditure for CALHN for mental health in 2020-21 was \$154.4 million. The actual in 2019-20 was \$144.2 million, which is about a \$10 million increase in expenditure.

Mr PICTON: Is there a savings target for mental health services at CALHN this year, and, if so, what is that target?

The Hon. S.G. WADE: That is a question for the Central Adelaide Local Health Network.

Mr PICTON: That expenditure is under review by this estimates committee.

The Hon. S.G. WADE: It is still a matter for the Central Adelaide Local Health Network.

Mr PICTON: So do they have a savings task for mental health services at CALHN?

The Hon. S.G. WADE: I do not know whether they have a savings target.

Mr PICTON: Can you take that on notice?

The Hon. S.G. WADE: Yes.

Mr PICTON: Are there any other savings targets for mental health in other local hospital networks, and, if so, how much?

The Hon. S.G. WADE: I think it is important to appreciate that local health networks can receive funding to fund mental health services in more than one way. If they are an activity-based funded service then they will receive activity through activity-based funding. They may receive funding through the Office of the Chief Psychiatrist and also what is commonly called block funding, which is commissioning by the Department for Health and Wellbeing.

The decisions in relation to how the budget is managed within the local health network are a matter for the board and for management, but one does need to be mindful that the Chief Psychiatrist, who is with us today, is only one source of potential funding to local health networks.

Mr PICTON: That was an answer to some question; it was not an answer to my question. What is the breakdown in terms of savings tasks that LHNs have set in their mental health areas and, if you do not know, can you take it on notice?

The Hon. S.G. WADE: I suspect that the answer could not be obtained today because we are only less than one month into this financial year and presumably a lot of local health networks are still setting their budgets. To be clear, there are no centrally mandated cuts to mental health services.

Mr PICTON: That is not what I asked.

The Hon. S.G. WADE: In terms of the local management of budgets, that is a matter for local health network boards and management.

Mr PICTON: All of those budget lines are before the committee right now. Can you take on notice to get an answer?

The Hon. S.G. WADE: Yes, I will, but I would hasten to add that each local health network will be developing its own budgets, its own plans, so that may take some time.

Mr PICTON: How much in terms of expenditure of the COVID mental health package is yet to be spent?

The Hon. S.G. WADE: The hallmark of Premier Marshall's response to COVID-19 has been his strong conviction that we do not face merely a health crisis but we also face an economic crisis. In terms of the health response, the Premier has also been clear that it is not merely a physical challenge to people's health but also a challenge to their mental health and wellbeing.

Consistent with that early realisation by the Premier and his government, the first COVID-positive case identified in South Australia was identified on 1 February, yet it was less than two months later, on 31 March 2020, when the first instalment of the COVID-19 mental health support package was put in place.

That stage 1 has been followed by two further stages, and this current budget, the budget that is before the committee this afternoon, announces a fourth stage. So obviously in relation to the fourth stage, which involves \$7.3 million expenditure in July 2021-22, it is far too early to talk about carryovers. In relation to stages 1 to 3, I will need to take that on notice.

Mr PICTON: How much of last financial year's projected expenditure in the budget was underspent?

The Hon. S.G. WADE: I refer the honourable member to my previous answer.

Mr PICTON: In relation to Budget Paper 5, page 47, and the creation of an additional psychiatric intensive care bed facility, can you confirm that the commitment so far in the budget is only to the capital works, with no funding for the recurrent operation of these beds?

The Hon. S.G. WADE: The allocation in the budget is for capital, but the commissioning process of the department will provide the resources for the recurrent.

Mr PICTON: What will be the operating cost of these beds?

The Hon. S.G. WADE: It has certainly been calculated. I will take it on notice and provide the honourable member with that figure.

Mr PICTON: When are these beds expected to open?

The Hon. S.G. WADE: As indicated on page 15 of Budget Paper 4, Volume 3, the current estimated completion for the psychiatric intensive care beds is the June 2022 quarter, but it is hoped that we may be able to have some services operating in current capital facilities earlier than that.

Mr PICTON: I understand this is being accomplished by essentially building something, I believe, at Glenside for a service that is currently there to move to and then moving those beds into an existing site. Is that correct? Can you step us through exactly where these beds are going to go and what movements need to happen for that to happen?

The Hon. S.G. WADE: In reflecting on my previous answer, part of the Psychiatric Intensive Care Unit bed project is for the modification of the rural and remote facility located on the Glenside campus. The facility is operated by Barossa Hills Fleurieu Local Health Network and the project will be undertaken in conjunction with the department's Infrastructure Unit.

The \$12 million in capital funding has been allocated in 2021-22 to facilitate the relocation of the Tarnanthi forensic mental health facility from the Glenside campus to another site to enable the return of the Psychiatric Intensive Care Unit beds to the Glenside site.

Mr PICTON: What will the site be that those services will be transferred to?

The Hon. S.G. WADE: In terms of the shuffling of services, it is a bit like a piece of string when you start pulling it. The former Labor government opened the new Royal Adelaide Hospital without being able to open the Psychiatric Intensive Care Unit (PICU). That meant that the services continued on the Glenside site for some time. When the PICU did relocate to the new Royal Adelaide Hospital, it provided an opportunity, which this government took, to provide an additional 10 forensic

mental health beds at the Tarnanthi site. Where the Tarnanthi unit is located had been operating as a Psychiatric Intensive Care Unit and substantially retains the attributes that are necessary for a Psychiatric Intensive Care Unit.

The \$12 million in capital funding is likely to be used not on the current Glenside site but on the site for the, if you like, next home for the Tarnanthi forensic mental health facility. The identification of potential sites is currently being undertaken by the infrastructure branch, but it is likely that that will be on the James Nash campus.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 27, Health Services. Was there a contract offered to mental health organisation Talk Out Loud last year, I believe perhaps by the Office of the Chief Psychiatrist, to provide them with funding which was then subsequently rescinded?

The Hon. S.G. WADE: I am advised that whilst Talk Out Loud may not have been successful for a particular grant round we understand that they may have been successful in another round, so I will make inquiries. It may not have been a grant round, but it relates to potential alternative funding.

Mr PICTON: Were they offered funding and then had that funding offer rescinded?

The Hon. S.G. WADE: As I said, I am happy to provide an answer.

Mr PICTON: Were there any other organisations that had funding offers made to them that were then rescinded?

The Hon. S.G. WADE: Not that we are aware of, but we are happy to take that on notice.

Mr PICTON: Thank you. I refer to Budget Paper 4, Volume 3, page 39, Women's and Children's Health Network. What is the current waiting time for an assessment or an appointment with Child and Adolescent Mental Health Services?

The Hon. S.G. WADE: The initial triage of children and adolescents is undertaken by the CAMHS Connect team within the Women's and Children's Hospital network, the CAMHS network. Certainly, there has been a recognition that there has been a surge in demand for their services, and it is in that context that the COVID response includes an increase of funding to increase the capacity of CAMHS Connect clinicians to respond to referrals for services across CAMHS. Whilst I have that information, I do not have the current wait time, so I am happy to take that on notice.

Mr PICTON: How many young people are currently waiting to be seen at CAMHS?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: How many individuals and families are currently seen by the individual and family therapy program at CAMHS?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: How many individuals or families are on the waiting list for therapy through that program?

The Hon. S.G. WADE: Again, I will take that on notice.

Mr PICTON: What is the average wait between a referral to CAMHS Connect and a client's initial mental health assessment?

The Hon. S.G. WADE: I think that is problematic because a lot of people would contact CAMHS Connect direct. They would not be referred.

The CHAIR: The member for Newland has been patiently waiting.

Dr HARVEY: Thank you very much, Chair.

Mr PICTON: It is a surprise to him that he was waiting.

Dr HARVEY: I have been waiting. This is a very important question, so thank you very much, Chair, for the opportunity to ask it. It relates to Budget Paper 4, Volume 3, page 14. Could the minister please explain what the new \$48 million capital build for a 20-bed acute older persons' mental health

facility at Modbury will mean for families of the north-eastern suburbs living with severe dementia or other enduring mental illnesses?

The Hon. S.G. WADE: I thank the honourable member for his question and I also acknowledge, delightfully, in their presence—because it is very rare for me to be able to welcome members of the other place into this place—both the member for Newland and the member for King for their advocacy for services close to home for people in the north-east, and that is exactly what this investment is about.

This initiative provides \$48 million in investing funding over four years to construct a new 20-bed older persons' acute mental health unit at Modbury Hospital. This will allow for the decommissioning of the current Woodleigh House site at Modbury Hospital.

The new facility is part of a growing network of dementia services. Members of the house do not need to be reminded about the shameful saga of Oakden which was closed in the term of the last government without alternative facilities being available. This government made an election commitment to establish dementia facilities for people with more severe forms of behavioural and psychological symptoms of dementia, in particular people with more extreme forms of dementia. We are delighted with the progress thus far of the neurobehavioural unit on the Repat site.

As part of that steady, planned development of older persons' mental health facilities, the government is committing to this new older persons' mental health facility at the Modbury site. As I mentioned earlier, it will give us the chance to decommission a facility that is well past its use-by date. However, very importantly, it will provide an opportunity for people in the north-east, the north and, for that matter, beyond, to receive care for the more extreme forms of behavioural and psychological symptoms of dementia. I might ask the Chief Psychiatrist perhaps to tell us more about the development of those services.

Dr BRAYLEY: Currently, the older persons' mental health ward of 20 beds is based at the Lyell McEwin Hospital. The creation of this new unit is an opportunity to design something to meet the needs of older people who need acute mental health care, whether they have cognitive problems or other mental illness. The design is going to attend to key elements: it will be more homelike with a focus on the flow of people around the unit because when there are people who experience dementia sometimes they can wander and you can have incidents if you do not have well-designed flow. Some of the same principles are used in places like the neurobehavioural unit, so it will be purpose-built.

In terms of the rest of Modbury Hospital, given the fact that there are geriatric and palliative care services being developed on site, there will be a natural synergy. This is a site for an acute ward for older people and for the community team to relocate. There will also be site works so in the future, should there be funding to move to Northgate, that could then occur in a further stage. It will link in with the dementia care units that are being developed, two of them subsidised by the commonwealth. One, it is expected, will be subsidised by the state.

As part of the move there will also be an opportunity to solve a problem with Modbury at Woodleigh House, which is an old and outdated unit. People who are currently admitted there for adult mental health care would instead be admitted to the Lyell McEwin Hospital as part of this move. That will be in the vacated space currently being used for older persons at Lyell McEwin.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 25, where it refers to the establishment of an enhanced Statewide Eating Disorder Service for the Repatriation Health Precinct. When will that new service be fully operational?

The Hon. S.G. WADE: We need to take that on notice.

Mr PICTON: Is it confirmed that that site will definitely be established at the Repat site?

The Hon. S.G. WADE: My understanding is that the current intention is that the service be established at the Repat site consistent with the negotiations of the former government.

Mr PICTON: Can the minister confirm that he was given advice to the effect that the Statewide Eating Disorder Service may have an actual or perceived conflict of interest?

The Hon. S.G. WADE: The honourable member has raised this issue before. He knows that I received advice on that matter.

Mr PICTON: Have you delegated your authority in relation to the Statewide Eating Disorder Service or just the paediatric eating disorder service?

The Hon. S.G. WADE: The matters in relation to eating disorder services are handled by the Minister for Human Services.

Mr PICTON: Is the day clinic at Brighton currently fully operational?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Have any staff been reallocated from the Brighton day clinic to Flinders Medical Centre or Noarlunga Hospital, either temporarily or permanently, in the past 12 months?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Can you also take on notice the number of days in the last financial year that the Brighton day clinic was not fully staffed and operational?

The Hon. S.G. WADE: Yes.

Mr PICTON: I refer to Budget Paper 5, page 47, Supporting South Australia's mental health system. Part of this is an \$8.4 million per year package. The description then breaks it down between drug and alcohol services, child and adolescent mental health services, forensic mental health services, support for adults with severe mental health conditions, and mental health ambulances. Can you provide a breakdown of that funding across all those different elements that are set to receive funding from it?

The Hon. S.G. WADE: The information I have available to me is broken down by service rather than by theme. I can advise that in terms of ongoing funding CAMHS is budgeted to receive \$1.522 million, CALHN is budgeted to receive \$2.366 million, NALHN is budgeted to receive \$1.009 million and SALHN is budgeted to receive \$362,000. The regional LHNs will collectively receive \$439,000.

There is also an element of a network managing an allocation within the CALHN allocation because they will be receiving the mental health co-responder funding on behalf of participating LHNs and will distribute that funding to the LHNs and to the Ambulance Service.

Mr PICTON: How much of the component is for that co-responder model?

The Hon. S.G. WADE: It is \$1.827 million.

Mr PICTON: I am trying to get my head around this. All those LHNs have been broken up for a piece of the pie. There is clearly a segmented part of it for the co-responder model and there is a segmented part for CAMHS. For the remainder of the services, is it for the LHNs to determine how they wish to best spend that best, or is it segmented between drug and alcohol, forensic mental health, people with severe mental health conditions?

The Hon. S.G. WADE: It is true to say that the allocations to the local health networks have been allocated within broad themes, but the Office of the Chief Psychiatrist wants the LHNs to be flexible to meet their local needs, which brings to mind the exemplary work being done by the Northern Adelaide Local Health Network with the establishment of a northern mental health forum.

It brings together both SA Health providers and NGO providers, consumers and carers, and is led, or is chaired, by Anne Burgess, one of the board members, a person with great expertise in the mental health area. It is yet another example, I think, of the strong community connected nature of board governance, particularly as it is demonstrated in the northern region. These allocations are done within broad themes, but there is flexibility so that LHNs can work with their communities to deliver services that best meet their needs.

Mr PICTON: Can I just clarify: does the \$1.009 million for NALHN include a segmented proportion that goes to forensic mental health services, given the role that NALHN usually provides in forensics?

The Hon. S.G. WADE: Yes, it does. The element that is allocated to NALHN includes \$770,000 for forensic services.

Mr PICTON: Similarly, is there a segmented proportion of the SALHN funding that will go to DASSA?

The Hon. S.G. WADE: Yes. Sorry; thanks for the question, because it does help me clarify. The LHN programs were the ones I identified. They total \$5.698 million. The total DASSA programs within the ongoing services are \$2.7 million, so they are not included in the LHN aggregation in this context.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 27, Health Services. The Mental Health Services Plan states that a progress report will be published 18 months after the release of the plan. I understand it is now 21 months since the plan was released. What is the status of that progress report being published?

The Hon. S.G. WADE: It is an interesting point, really, the timely production of plans. I remember the seven-year hiatus between the last Mental Health Services Plan by the former Labor government and the release of the Mental Health Services Plan under this government in November 2019. The progress report the honourable member refers to is currently being developed and, whilst its production has been delayed by COVID, we hope to be able to release it in the not too distant future.

Mr PICTON: Following the mental health in SA workshop that was held famously on 28 April, the minister wrote to participants advising that the Mental Health Services Plan's advisory group would be expanded. Has the broader membership of that group since been implemented?

The Hon. S.G. WADE: I am advised that the group the honourable member refers to is now called the Mental Health Services Plan implementation steering group. The expansion of the group was in two senses, firstly in terms of its terms of reference—my understanding is that the expanded terms of reference have been confirmed—and work is currently underway to expand the membership.

Mr PICTON: At the time the Mental Health Services Plan was published, it was reported that South Australia had less than half the national average of non-acute beds. How many extra public mental health beds, acute or non-acute, have been added to the system since that plan was brought in?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Perhaps take on notice as well how many extra child and adolescent, older persons and forensic public health mental beds have been added to the system since the plan was released.

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: Budget Paper 4, Volume 3, Central Adelaide Local Health Network. Have all the recommendations arising from the Glenside Inpatient Rehabilitation Services review now been fully actioned?

The Hon. S.G. WADE: Sorry, could you repeat the question?

Mr PICTON: Have all the recommendations arising from the Glenside Inpatient Rehabilitation Services review now been fully actioned?

The Hon. S.G. WADE: In terms of the very specific question the honourable member asks, I will need to take that question on notice, but I would ask the Chief Psychiatrist to give the honourable member an update.

Dr BRAYLEY: As a result of that review, gazettal conditions had been placed on the Inpatient Rehabilitation Services. We can provide the specific dates when the gazettal conditions were lifted. There was a significant amount of work, significant areas of improvement, including a noticeable reduction in the use of restrictive practices. It was very positive work by the staff and all

those involved in responding to the recommendations from that report and the concerns that had led to our gazettal.

We would have to go through each of the recommendations to just double-check the status of them, but I know that the final model of care has still not been implemented. There are some limitations in implementing the model of care related to the layout of the building, but there are other aspects of the model of care that can still be implemented. That is a particular piece of work that we are checking on. The fact is that has not occurred—I guess it would be desirable if it had—nevertheless, the significant good work and improvements of the team down there should also be noted.

Mr PICTON: Over the past year, have there been any subsequent complaints or concerns raised about that service at Glenside to the Chief Psychiatrist or to SA Health?

Dr BRAYLEY: I will respond to that. I would need to properly check what complaints may have been lodged regarding IRS. I am aware that there are still concerns from practitioners in other local health networks apart from CALHN about their ability to access the IRS, and that was a particular issue to be addressed in the model of care.

Mr PICTON: What is the average occupancy rate of the IRS?

The Hon. S.G. WADE: We will provide an answer to that question on notice.

Mr PICTON: Perhaps you could also take on notice what is the total staff FTE and the total expenditure per annum on the IRS.

The Hon. S.G. WADE: I am happy to do that.

Mr PICTON: Budget Paper 4, Volume 3, Page 27, Health Services. On 13 October last year, the minister posted a graphic on his Twitter account for the total funding for mental health in three years, 2014-15, 2018-19 and 2019-20, in which he claimed he had increased funding in mental health by \$20 million. What is the source of that information in terms of the mental health total funding that he used?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: By the same metric, therefore, what was the total mental health funding for last financial year—i.e., 2020-21—and the budget for this financial year 2021-22 and also for the missing years in his graphic, 2015-16, 2016-17 and 2017-18?

The CHAIR: Member for Kaurua, please be aware that the lines of expenditure are relevant to this budget paper and forward estimates, of course, and the previous year. I will provide the minister an opportunity to respond, but that is outside the scope of this budget document.

The Hon. S.G. WADE: I agree, Mr Chair. I think those questions are better asked of the History Trust.

Mr PICTON: Chair, actually it is totally appropriate for the parliament to examine what the funding is compared to previous years' funding, which is totally within the bounds of what this committee is to do.

The Hon. S.G. WADE: 2015-16 is not the previous year.

Mr PICTON: Of previous years.

The CHAIR: Member for Kaurua, there are ample opportunities within the parliament to raise these questions that would be more appropriate perhaps than estimates examining a particular budget line relevant to a particular budget period.

Mr PICTON: Since it is so difficult to answer this, what is—

The CHAIR: Member for Kaurua, your commentary is not helpful.

Mr PICTON: Neither is ruling out perfectly legitimate questions but, in any case, I will ask—

The Hon. S.G. WADE: The member is reflecting on the Chair yet again.

Mr PICTON: —what is the total funding along the same measure as the minister used for last financial year 2020-21, and the budget for this financial year 2021-22?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: In relation to the SA mental health service and mental health ambulances—Budget Paper 4, Volume 3, SA Ambulance Service—how many co-responding mental health ambulances are currently in operation?

The Hon. S.G. WADE: Whilst there may well have been discontinuity of service as the funding was confirmed, the confirmation of ongoing funding of the mental health co-responders program will facilitate the recruitment and retention of officers for the long term, so I will certainly seek advice as to how many teams will be funded out of the mental health co-responder component.

Mr KNOLL: I draw the minister's attention to Budget Paper 5, pages 47 to 49, something that is a bit dear to my heart. Can the minister please outline how the record additional investment of \$163.5 million in mental health supports regional South Australians living with mental illness?

The Hon. S.G. WADE: I thank the honourable member for his question. I will ask the Chief Psychiatrist to address the honourable member's question but, as I do, I just want to reiterate that both the Chief Psychiatrist and I are very committed to making sure that rural and regional South Australians access the statewide services that they are entitled to in the city.

For example, some of the high level of acuity services that regional and rural South Australians need are based in the city. When it comes to specialist services like older persons' mental health services, forensic mental health services and the like, specialist statewide services cannot be provided within every region, but there certainly is a determination to fund mental health services for all South Australians, and I will ask the Chief Psychiatrist if he could explain how this budget will assist.

Dr BRAYLEY: I can provide some figures but there are services, as the minister was stating, that are based in Adelaide, and then there are the regional ones, so the additional psychiatric intensive care unit beds, even though they are going to be based at Glenside Hospital, are going to be under the governance of the Barossa Hills Fleurieu Local Health Network, the rural and remote unit there. That enables people, when they are flown or driven to Adelaide, to be admitted to a PIC unit under the governance of rural and remote. That is of benefit to the continuity of care for those people because the rural and remote service has good links and knowledge with rural South Australia. Its staff provide a particular service for country SA.

At the same time, we are also looking closely at people who are transferred into the city for PICU care because there may be some opportunity to support those people in rural locations. That is an alternative piece of work, not part of the budget funding, that we are looking at with MedSTAR. The minister previously, in answering a question about the community funding, indicated that some of the funds that were due to go to Barossa Hills Fleurieu, which then go to all of the regional local health networks, is retained to support the Emergency Triage and Liaison Service (ETLS), which takes calls from all over regional South Australia.

So extra funding, because you can see the significant increase in demand in calls that they have received related to COVID in our weekly dashboards that come through. Other funding will be delivered locally in terms of supporting older persons and supporting the services in their delivery of care. That is part of both the ongoing funding that will be distributed but also COVID-specific funding for this financial year.

That describes some of the key initiatives. Of course, people from country areas will be also admitted to the new unit at Modbury. There is always a certain percentage of country people particularly going to the older persons' service currently at the Lyell McEwin and at Flinders Medical Centre, so there will be benefits in that new service at Modbury as well.

Mr PICTON: I refer to Budget Paper 4, Volume 3, SA Ambulance Service, again. The minister mentioned just before that question from the member for Schubert that there was a break in service. How long was that break in service?

The Hon. S.G. WADE: I do not have the detail. It was brought to our attention that there may have been a discontinuity, so I will check that. My understanding is that because it relates to the start of a new funding year it would only be a matter of weeks.

Mr PICTON: Have those staff been moved to other areas or are they still there ready to restart the program?

The Hon. S.G. WADE: As I said, I have only had some information and I need to seek more. It may be that not all of the mental health co-responder units were affected by that.

Mr PICTON: This is one you might want to take on notice: how many hours per day are each of the co-responder ambulances running for and what is the cost of those, broken down by local health networks?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: In relation to Budget Paper 4, Volume 3, page 18, Health Regulation and Protection, what is the status of the government's planned major revision of the tobacco control act that you announced on 16 September 2018?

The Hon. S.G. WADE: I will need to seek an update on notice for the honourable member.

Mr PICTON: Is it still the government's intention to strengthen outdoor dining restrictions, as you said in your 2018 media release, when you said:

A key issue for these discussions will be ensuring that outdoor dining areas are fully protected from tobacco smoke.

While many local businesses do comply with current laws, it is clear there are a number that are ignoring no-smoking regulations.

The Hon. S.G. WADE: I will make sure the update addresses that issue.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 27, CALHN. How many calls were made to the Mental Health Triage Service last financial year and the year prior to that?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: What percentage of those calls in those years were answered and what was the average response time for those calls?

The Hon. S.G. WADE: I am happy to see if that information is available.

Mr PICTON: What is the FTE that was working on that service last financial year and what is budgeted for this financial year?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: How many calls from the triage service were referred to emergency departments and how many were referred to ongoing community mental health support?

The Hon. S.G. WADE: I will see whether that information is available.

Mr PICTON: It has been raised as an issue by the former executive director of mental health at CALHN that there were significant issues in terms of the facilities for the mental health triage team. Where are they now located?

The Hon. S.G. WADE: My understanding is that the service the honourable member refers to was located in the Ambulance Service building at Eastwood, the main administration building, and that it has since been relocated to the Glenside site.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 27, Health Services. What is the total FTE in the past financial year for community mental health teams and how many vacancies are there currently for staff in community mental health teams?

The Hon. S.G. WADE: I think it might be better if we take it on notice. It is likely that the LHNs are the employing authority.

Mr PICTON: If you are happy to take it on notice, could you also take on notice a breakdown of those vacancies by psychiatrists, psychologists, nurses, social workers and OT?

The Hon. S.G. WADE: I should not use the words 'employing authority'—that has a special meaning for the Treasurer. I should say the LHNs coordinate the mental health teams.

Mr PICTON: Dr McGowan employs everybody still.

The Hon. S.G. WADE: That is right.

The CHAIR: With that answer, the time allocated for examination of payments in relation to the portfolio of SA Health, mental health and substance abuse, has expired, and therefore I declare the examination of the portfolio of SA Health, mental health and substance abuse, completed.

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Ms C. Mason, Director, Office for Ageing Well, Department for Health and Wellbeing.

Mr J. Woolcock, Executive Director, Finance, Department for Health and Wellbeing.

The Hon. S.G. WADE: I advise the committee that Mr Don Frater and Dr John Brayley, the Chief Psychiatrist, have excused themselves, and I would like to introduce Ms Cassie Mason, the Director of the Office for Ageing Well in SA Health.

The CHAIR: Member for Kaurna, I am sure you are well aware that this is the last opportunity for omnibus questions during this period.

Mr PICTON: I have them ready to go.

The CHAIR: The final session runs until 6.30 and will examine the portfolio of the Office for Ageing Well. The minister appearing is the Minister for Health and Wellbeing. I advise that the proposed payments remain open for examination. I call on the minister to make an opening statement in relation to this portfolio, if he wishes.

The Hon. S.G. WADE: The Office for Ageing Well develops and implements a range of social policies and programs at the individual, community and system level, in line with the Marshall Liberal government's Plan for Ageing Well 2020-25. That plan has three key priorities: home and community, meaningful connections and navigating change. Those themes have never been more relevant than in the context of ageing well in a global pandemic.

To deliver on the Marshall government's election commitment to increase the use of advance care directives in South Australia, the office partnered with the City of Onkaparinga to create a locally driven model to increase the completion of advance care directives in four local government areas over the next two years.

The Office for Ageing Well also partnered with the Office of the Public Advocate to develop an educational tool and workshops to support substitute decision-makers under an advance care directive in their role. Additionally, in 2020-21, the office continued to support the eight ageing well community networks, with a focus on CALD, Aboriginal, and LGBTI+ communities. These networks are facilitated by organisations in local communities to promote safeguarding strategies.

The Age Friendly Services pilot was held in May 2021, delivering on the Marshall government's election commitment to combat ageism by challenging the way ageing is framed in the language and structure of the services the government delivers.

COVID-19 and the associated restrictions imposed on the community has had an intense impact on older Australians, particularly those living in residential aged care. The Marshall government has implemented a wide range of measures to reduce the spread of COVID-19 into residential aged care, and to keep members of our community well.

I would like to particularly pay tribute to the work done by Ms Mason as the director, and also as a key liaison with the aged-care sector and her key role in helping to keep residential aged-care facilities safe during the COVID pandemic.

SA Health has maintained a strong focus on communicating with older people directly and keeping them in touch with information to assist them to stay informed and resilient. This included regular public health and other community messaging via the Seniors Card Facebook page and to more than 90,000 subscribed Seniors Card members through electronic direct mail-outs.

The Office for Ageing Well has met regularly with the aged-care sector since the beginning of the pandemic to discuss the implementation of restrictions in residential aged care and any other COVID-related matter.

The Adult Safeguarding Unit, a commitment of the Marshall team before the 2018 election, is the first of its kind in Australia and it has a legal mandate to respond to reports of abuse and neglect of adults who may be considered vulnerable. The unit commenced operations on 1 October 2019 to respond to abuse of older South Australians. On 1 October 2020, the unit expanded to include adults living with a disability who may be vulnerable to abuse.

Whilst it is primarily a matter for the commonwealth government, the Marshall government is also considering the final report of the Royal Commission into Aged Care Quality and Safety and will respond as required to deliver improved outcomes to older South Australians and their families.

I would like to take this opportunity to thank the Office for Ageing Well team and our partners in the ageing well space for the work they have done, particularly in this pandemic year, to support older South Australians to age well.

The CHAIR: Lead speaker for the opposition, do you wish to make an opening statement?

Mr PICTON: No, thank you.

The CHAIR: Feel free to jump in, member for Kaurana.

Mr PICTON: I will try to do this as quickly as I can to ask some omnibus questions.

1. For each department and agency reporting to the minister:
 - What is the actual FTE count at 30 June 2021 and the projected actual FTE count for each year of the forward estimates;
 - What is the total employment cost for each year of the forward estimates;
 - What is the notional FTE job reduction target that has been agreed with Treasury for each year of the forward estimates;
 - Does the agency or department expect to meet the target in each year of the forward estimates; and
 - How many TVSPs are estimated to be required to meet FTE reductions over the forward estimates?
2. For each department and agency reporting to the minister:
 - How much is budgeted to be spent on goods and services for 2021-22, and for each of the years of the forward estimates period;
 - The top 10 providers of goods and services by value to each agency reporting to the minister for 2020-21;
 - A description of the goods and/or services provided by each of these top 10 providers, and the cost to the agency for these goods and/or services; and
 - The value of the goods and services that was supplied to the agency by South Australian suppliers?

3. Between 1 July 2020 and 30 June 2021, will the minister list the job title and total employment cost of each position with a total estimated cost of \$100,000 or more which has (1) been abolished and (2) which has been created?

4. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above \$10,000 between 1 July 2020 and 30 June 2021 for all departments and agencies reporting to the minister, listing:

- the name of the consultant, contractor or service supplier;
- cost;
- work undertaken;
- reason for engaging the contractor; and
- method of appointment?

5. For each department and agency for which the minister has responsibility:

- How many FTEs were employed to provide communication and promotion activities in 2020-21 and what was their employment expense;
- How many FTEs are budgeted to provide communication and promotion activities in 2021-22, 2022-23, 2023-24, 2024-25 and what is their estimated employment expense; and
- The total cost of government-paid advertising, including campaigns, across all mediums in 2020-21 and budgeted cost for 2021-22?

6. For each department and agency reporting to the minister, please provide a full itemised breakdown of attraction and retention allowances as well as non-salary benefits paid to public servants and contractors between 1 July 2020 and 30 June 2021.

7. What is the title and total employment cost of each individual staff member in the minister's office as at 30 June 2021, including all departmental employees seconded to ministerial offices?

8. For each department and agency reporting to the minister, could you detail:

- How much was spent on targeted voluntary separation packages in 2020-21;
- What department funded these TVSPs (except for DTF estimates);
- What number of TVSPs were funded;
- What is the budget for targeted voluntary separation packages for financial years included in the forward estimates (by year), and how are these packages funded; and
- What is the breakdown per agency/branch of targeted voluntary separation packages for financial years included in the forward estimates (by year) by FTEs?

9. For each department and agency reporting to the minister, how many executive terminations have occurred since 1 July 2020 and what is the value of executive termination payments made?

10. For each department and agency reporting to the minister, what new executive appointments have been made since 1 July 2020, what is the annual salary and total employment cost for each position?

11. For each department and agency reporting to the minister, how many employees have been declared excess, how long has each employee been declared excess and what is the salary of each excess employee?

12. In the 2020-21 financial year, for all departments and agencies reporting to the minister, what underspending on operating programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2021-22?

13. In the 2020-21 financial year, for all departments and agencies reporting to the minister, what underspending on investing or capital projects or programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2021-22? How much was sought and how much was approved?

14. For each grant program or fund the minister is responsible for please provide the following information for 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Balance of the grant program or fund;
- Budgeted (or actual) expenditure from the program or fund;
- Budgeted (or actual) payments into the program or fund;
- Carryovers into or from the program or fund; and
- Details, including the value and beneficiary, of any commitments already made to be funded from the program or fund.

15. For the period of 1 July 2020 to 30 June 2021, provide a breakdown of all grants paid by the department/agency that report to the minister, including when the payment was made to the recipient and when the grant agreement was signed by both parties.

16. For each year of the forward estimates, please provide the name and budgeted expenditure across the 2021-22, 2022-23, 2023-24 and 2024-25 financial years for each individual investing expenditure project administered by or on behalf of all departments and agencies reporting to the minister.

17. For each year of the forward estimates, please provide the name and budget for each individual program administered by or on behalf of all departments and agencies reporting to the minister.

18. For each department and agency reporting to the minister, what is the total cost of machinery of government changes since 1 July 2020 and please provide a breakdown of those costs?

19. For each department and agency reporting to the minister, what new sections of your department or agency have been established since 1 July 2020 and what is their purpose?

20. For each department and agency reporting to the minister:

- What savings targets have been set for each year of the forward estimates;
- What measures are you implementing to meet your savings target; and
- What is the estimated FTE impact of these measures?

The CHAIR: Member for Kaurua.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 24, Corporate and System Support Services, line 13, aged care. How many state-run aged-care facilities have failed to meet any accreditation standards over the past financial year?

The Hon. S.G. WADE: I am advised that in 2021 there were three notices of noncompliance issued in relation to South Australian government-operated residential aged-care facilities, and all three of them are still current.

Mr PICTON: Which were those three centres or sites, and what were the reasons for failing to meet the accreditation standards?

The Hon. S.G. WADE: The three centres are Bonney Lodge, which is operated by the Riverland Mallee Coorong Local Health Network; Hawdon House, which is operated by the Riverland Mallee Coorong Local Health Network; and the Ira Parker Nursing Home, which is operated by the Yorke and Northern Local Health Network.

Following an audit in September 2020, Bonney Lodge and Hawdon House were issued with noncompliances on 27 and 28 January respectively. These related to care planning and risk management, implementation of best practice with regard to care planning, demonstrated timely response to functional decline, staffing, staff training and organisation-wide governance systems.

In relation to Ira Parker Nursing Home, on 8 June 2021, the Aged Care Quality and Safety Commission issued a notice of noncompliance on Ira Parker Nursing Home for three not met criteria. Firstly, standard 3, personal care and clinical care, requirement (3)(b); standard 7, human resources requirement (3)(a); and standard 8, organisational governance, requirement (3)(d).

Mr PICTON: Were there any sanctions imposed by the commonwealth in relation to those facilities?

The Hon. S.G. WADE: No.

Mr PICTON: As I understand it, those three facilities previously had issues raised with them in their audits. Why has the situation not improved at those sites?

The Hon. S.G. WADE: I do not agree with the implication of the honourable member's question that things are not improving at each site. I think the fact that things are heading in the right direction is reflected in the fact that both Bonney Lodge and Hawdon House, and separately Ira Parker Nursing Home, have received accreditation—they are both fully accredited.

On 19 February 2021, Bonney Lodge and Hawdon House were accredited by the commission for a period of 18 months to July 2022. In relation to Ira Parker Nursing Home, the commission has provided three years' accreditation to 5 April 2024. There are issues that the commission wants the facilities to address, but both are fully accredited.

Mr PICTON: Have all the recommendations from the Standards Wise aged-care individual site reviews now been implemented across all sites?

The Hon. S.G. WADE: I stress that the Office for Ageing Well is not the operator of LHN-based residential aged-care facilities. The regional LHNs operate the services, but I am advised that all regional LHNs have completed their six LHN-specific recommendations. There are also 14 across regional South Australia recommendations: a number of them have already been completed and the remainder are still in progress.

Ms LUETHEN: My question is on Budget Paper 4, Volume 3, page 20, the Retirement Villages Act. Can the minister provide an outline on the cost and time line for completing a review of the Retirement Villages Act 2016 and what steps the Office for Ageing Well is taking to ensure the experience of people who live in the retirement villages is collected and properly considered as part of the review process?

The Hon. S.G. WADE: On the point the honourable member raises in terms of the importance of engaging residents of retirement villages, the government is determined to make sure that all stakeholders, including residents of retirement villages, have ample opportunities to express their view to the review. The review is in line with the legislative requirement to review the act three years after its commencement, and a review of the act is being undertaken in 2021.

A discussion paper has been distributed, which includes an overview of the act, the regulatory changes it brought and the legislative and regulatory framework in other jurisdictions. It also posed a range of specific questions and sought to understand the views of residents and operators. The discussion paper was released for public consultation on the YourSAy website on 29 January 2021, concluding on 16 April 2021, with 187 responses received. These were both written and online. Around three-quarters of the responses were from residents.

The Retirement Villages Unit has engaged an independent consultant, and I might ask the director of the office to tell us about the process: where to from here and particularly the issue the honourable member raised in terms of the resourcing of the process.

Ms MASON: Thank you, minister. The Office for Ageing Well has engaged an independent consultant, Peg Consulting, to undertake the independent review and the analysis of the feedback. As the minister pointed out, three-quarters of the feedback received was from residents, so that was really pleasing to see. The funding for that independent consultant was \$42,600; that was the contracted amount for that review process. A report will be provided based on all that feedback to the minister later in the year.

Mr PICTON: What is the estimated time when the report will be released?

The Hon. S.G. WADE: Whilst the length of time allowed for the review is not set out in the act, it is expected that Peg Consulting will provide me with the final report later in the year, and under the legislation I am required to table the report in both houses of parliament within 12 sitting days.

Mr PICTON: In relation to Budget Paper 4, Volume 3, page 27, Health Services, obviously the minister is aware that during the first wave of the pandemic there were a number of hospital sites where, because of co-located aged-care facilities, the emergency department was closed. Is it correct that Strathalbyn emergency department is the only site that is yet to reopen?

The Hon. S.G. WADE: I think we might need to take this on notice because in the turbulence of the Modbury cluster, my understanding is that some facilities that had previously reopened have closed again. So I think it would be prudent for me to seek an update and provide it to the committee.

Mr PICTON: Is it envisaged that the Strathalbyn emergency department will at some stage reopen?

The Hon. S.G. WADE: I am happy to provide an update.

Mr PICTON: I refer to Budget Paper 4, Volume 3, Program 1.4, page 24, in relation to aged care. Last year, in estimates the minister took on notice a question in relation to whether the Adult Safeguarding Unit was made aware of the death of Ann Marie Smith. He subsequently provided a question on notice which stated, 'The department's Safety and Quality Unit became aware of the death on 7 April 2020. The matter was then included in a report to the SA Health chief executives weekly executive meeting.' Was the chief executive present at that weekly executive meeting? Did he read the document in relation to the death of Ann Marie Smith? If so, what action did he take upon learning about that?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Was that information circulated to anybody else in the department at that time?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Did the chief executive or any other executive make the minister aware of that matter after it had been raised on 7 April before the matter was made public on 25 May 2020?

The Hon. S.G. WADE: I am happy to take the question on notice.

Mr PICTON: In relation to the CCTV trial, how many sites is the trial now operational at and how many patient rooms is it installed in?

The Hon. S.G. WADE: The pilot is operating at Mount Pleasant aged care and Northgate House. It currently involves 26 residents across those two sites.

Mr PICTON: Is that the full extent that will be provided with the funding from the trial?

The Hon. S.G. WADE: The current funding is focused on those two sites.

Mr PICTON: Who is undertaking a review of the outcomes of the trial and when is that expected to be provided?

The Hon. S.G. WADE: A select tender process was undertaken for the independent evaluator. PricewaterhouseCoopers has been appointed to independently evaluate the pilot.

Mr PICTON: What is the value of that procurement for PwC?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Are there any investigations underway in relation to the procurement process that led up to the implementation of the trial?

The Hon. S.G. WADE: Not that I am aware of.

Mr PICTON: In relation to the Adult Safeguarding Unit, how many complaints were received by the Adult Safeguarding Unit in the past financial year?

The Hon. S.G. WADE: Just to clarify, the unit receives a whole range of calls and people may be seeking confidential advice and information that may not lead to a report. To provide the data in relation to calls, I am advised that from 1 July 2020 to 30 September 2020—sorry, to more directly address the honourable member's question, of the 1,885 total calls received during the 2021 reporting period, 963 resulted in a report which required the unit to take action.

The CHAIR: With that response to the question, the time assigned to examination of payments in relation to the portfolios of the Office for Ageing Well has expired; therefore, there are no further questions and I declare the examination of the portfolio of the Office for Ageing Well complete and the estimate of payments for the Department for Health and Wellbeing, the Commission on Excellence and Innovation in Health and Wellbeing SA closed.

At 18:30 the committee adjourned to Monday 2 August 2021 at 13:00.